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ART. I.—*General Remarks on Alterative Medicines.* By W. S. CHIPLEY, M. D., of Lexington, Ky.

Every candid practical observer, to whom the complex properties of medicinal substances are familiar, must be prepared to admit the futility of all attempts at a perfect and satisfactory classification of the Materia Medica. There is scarcely a medicinal agent which may not justly claim rank in more than one class, and there are not a few productive of such contradictory results as to render it extremely doubtful which is the most prominent characteristic. As has been remarked, medicines are often two-edged, cutting both ways. It becomes, then, the duty of the intelligent practitioner to seek to utilitize the useful property, and to neutralize that which existing circumstances may render hurtful.

Notwithstanding this diversity of action, so characteristic of most medicinal agents, I believe that classification within certain limits may be extremely useful, espe-

cially in facilitating an acquisition of a knowledge of the Materia Medica, and in placing that knowledge more immediately at command in case of need.

Some of the articles comprised in the class, known as Alteratives, on which I design at present to make some general remarks, are peculiarly diversified in their effects; yet I think there will be no difficulty in making myself intelligible when I shall have clearly defined the property that affiliates these articles in one class under the denomination of Alteratives.

There are some medicines which seem to affect principally or uniquely the nervous system—evanescent in their effects, a few hours or days at most suffice to efface all trace of their action—no permanent modification remains to attest the power of the agent and the system resumes its wonted condition as if no disturbance had occurred. These agents may be powerful in the limited sphere in which they act, but there is no response in the general economy nor any permanency in the effects produced. There is a striking contrast between this class of remedial agents and that which I propose to consider. Less conspicuous primarily, alteratives are more durable in their effects. They happily fulfil indications that medicines of a fugacious character could not reach. They affect the organic elements of both the fluids and solids in a manner calculated to endure long after the primary impression of the medicine has passed away. This class of remedies formerly attracted much more attention, when acrimony was the most common reputed cause of disease, and alteratives then embraced many more articles than are now generally conceded to belong to the class. Periera still views this class as including "nearly the whole of the articles comprising our Materia Medica." I desire, however, to be understood as useing the term in a much more restricted sense, yet in a sense which will embrace a great variety of important articles. Definition,

at all times difficult, is peculiarly so in this instance, as it is almost impossible to convey, in few words, the meaning of the term alterative without a feeling of being too contracted or too comprehensive. I will, however, venture to define the term as embracing those medicines that insensibly produce a profound impression on the organic elements, by which a salutary change is effected either in the solids, or fluids or both, calculated to neutralize certain morbid actions of the system, and thereby to restore health.

It was formerly supposed that these medicines acted chiefly by exciting and supporting the evacuation from the skin; but this opinion is now generally abandoned and will not therefore be considered.

At this day four opinions seem to divide intelligent members of the profession:

1. That alteratives have the property of altering, in some inexplicable manner, the nature or quality of vital action.

2. That their salutary influence is the result of a change effected in the composition of the organic tissues.

3. They are believed to expend their whole force on the fluids, altering their composition, consistency, etc., sometimes rendering them less adapted to interstitial nutrition, and less capable of furnishing the elements of acute or chronic inflammation.

4. That alteratives make a primary impression directly on the nervous system, affecting the general economy, and controlling morbid action only secondarily.

Each of these propositions expresses a truth, but nei- of them is exclusively correct. There is, in fact, no uniformity in the mode of action of different alteratives—the solidist who would limit the action of this class of medicines to the organic tissues, is not less grossly in error than the humoralist who would maintain that all alteratives exert an exclusive influence over the fluids. The truth

of each of the above propositions will hereafter be illustrated by reference to the mode of action of particular articles belonging to this class.

Alteratives are indicated chiefly in the management of chronic disorders, but are sometimes useful in acute maladies of a grave character. In mild disorders, only slightly modifying the general economy, limited in extent, and affecting organs not absolutely essential to life, it will be readily perceived that our means may safely correspond with the unimportant character of the disease, and simple remedies suffice to effect a cure. But if graver morbid action invades one or more important organs, or speedy dissolution is threatened in consequence of the extent of diseased action affecting profoundly the whole economy, more energetic and powerful means are demanded, and duty enjoins a resort to those remedial agents that are known to exert not only an active, but durable influence.

Blood-letting has, by some authors, been placed at the head of alteratives, but this agent is with much more propriety classed with antiphlogistics. True, it does exert a powerful alterative influence, and the same may be said of almost every article of the Materia Medica; but it is not an alterative in the sense in which I desire to use that term. It is too prompt in its action—suddenly despoiling the system of a portion of the vital fluid, altering the composition of what remains, and thereby depriving the solid tissues of the elements of life on which their reparation depends. But when we repeat that alteratives, properly speaking are applicable, almost exclusively, to the treatment of chronic diseases, it will be at once perceived that blood-letting is wholly foreign to this important class of remedies, save as an adjuvant. For it should be remembered, that blood-letting, and many other remedial agents, may be resorted to as useful adjuvants in the course of an alterative treatment.

When alteratives are demanded in the management of acute disorders, particular regard must be had to the mode of action of the different articles which compose the class. In such cases the desideratum is usually either a modification of the crasis of the blood or a prompt alteration of morbid action. Certain alteratives, as iodine, arsenic, etc., always produce a certain degree of irritation, ever so much more intense as we seek a prompt and decided effect; there are others, however, that nettly fulfil the indication and will rarely disappoint the judicious practitioner. Saline remedies are alteratives in virtue of their property of attenuating the blood, while mercurials exert as decided an influence by changing the action of the extreme vessels. In puerperal peritonitis so decided is the influence of mercurials that many physicians regard them as the sheet-anchor of hope and safety. That the beneficial results in this case are fairly attributable to the alterative properties of the medicine I have no doubt, and I am confirmed in this opinion by the fact that the benefit is always more decided when the cathartic influence of the remedy is restrained by combination with opium. This is an instance in which the alterative acts by effecting a change in the nature and quality of vital action.

Gendrin has demonstrated the safety and utility of large doses of nitrate of potash in febrile articular rheumatism. In this case there is an alterative action as effectual as, but widely different from, that produced by mercury. The primary effect is a modification of the circulating fluids—an attenuation of the blood which enables the engorged and oppressed vessels to relieve themselves and recover their normal action.

But alteratives are comparatively little used in acute affections. They rise in importance in proportion as morbid action has been protracted and disease has struck deep its roots in the constitution, spreading from organ to

organ, and giving rise to a series of consecutive accidents that points clearly to a lingering and painful existence, or to a speedy dissolution. Those medicines that produce only a temporary modification of the organism, however powerful in their primary operation, become useless, or only serve to flatter and deceive.

Most mineral waters probably owe their efficacy to the alteration they effect in the circulating fluids. Mr. E. A. Jennings says:

"Though great allowance must be made for the effects of change of air, relaxation from business, change of habits, and other accidental circumstances, yet all candid observers must acknowledge that, when due allowance has been made for all these circumstances, a large residue of cases remain where the most surprising good effects have been produced by a course of mineral waters. From the effects generally produced by them on the kidneys, it is evident that a large portion of the water is absorbed; and it is probable that their good effect is to be attributed as much to the alteration they produce in the chemical character of the blood, by entering into its composition, as to the increase they occasion of the secretions of the bowels."

Our remedies may be directed against causes or effects. Chronic maladies are often encountered when it is wholly impossible to trace the existing lesions to their source—the cause has disappeared, the effects only remain. Of course in this case no regard can be had to that of which we know nothing, and such agents must be selected as are best calculated to obviate the effects and restore healthy action. When the cause is appreciable and still exists, exerting its baneful influence, the first indication is to neutralize or remove it. The recuperative force of the living economy is often sufficiently active to restore health after the removal or neutralization of the cause, hence a thorough and minute analysis

of the entire history of the case, with a view to discover the source of evil, cannot be insisted upon too strenuously. It must not be supposed that every chronic disease calls for the administration of alterative medicines; the cause of such maladies is often detected in vicious habits, an abandonment of which is a condition, without which a cure cannot possibly be effected, and a compliance with this condition will not unfrequently supersede the necessity for medicines. In such cases the exhibition of alteratives is useless and often positively injurious.

The importance of a careful scrutiny of each individual case will appear more clearly, when it is recollected that an alterative productive of the happiest effects, when directed to neutralize a cause, may prove highly injurious if given to obviate consecutive accidents. No remedy can be more certain or active in primary syphilis than mercury, yet it is scarcely possible to conceive of more lamentable results than flow from the use of the same remedy in the secondary forms of that loathsome scourge of vice. The preparations of Iodine exert little if any influence on scrofula in the primary stages of that terrible disease, but who has not been gratified with the wonderful operation of the same remedies when given to alleviate those grave organic alterations, effects of the scrofulous vice, that so often disfigure beauty, and render life a burden.

It has been said that in the mode of action of alteratives on constitutional vices, and on virus, there is something quite specific; there is nothing evident intermediate between the cause and effect; the effect of the medicine on the economy in health will not enable us to anticipate its anti-syphilitic or anti-scrofulous curative action. At the same time it is believed that when they are considered independent of their specific action, in rela-

tion to ordinary chronic disorders, their mechanism may, to a certain extent, be comprehended.

Now, I am of opinion that the mechanism of the so called specific action of mercury in the cure of syphilis, may be as rationally explained as the mechanism of this and other remedies in the cure of common chronic diseases.

It is said that alkalies are serviceable in engorgements of the liver, and their action is thus explained:—The function of this organ consists in the elaboration of the immense amount of blood that it is constantly receiving; when diseased, soda is administered by which the blood is rendered evidently alkaline, less coagulable, and thinner; thus facilitating the circulation in the hepatic vessels, and thereby placing the organ in the best possible condition to resume its normal offices.

This explanation may be correct, but it is not a whit more reasonable than that which explains the mechanism of mercury in the cure of syphilis, by attributing its salutary influence to the change it effects in the morbid action that generates the virus of this disease. This change consists in the substitution of a harmless action tending to health, for one which, unchanged, surely terminates in disorganization and death.

But some able writers have stoutly maintained the doctrine that many chronic diseases, as well as some acute disorders, are caused by accidental productions, similar to fungi, mosses, and mushrooms. Morbid seed germinate in the economy at the expense of the fluid, and the fruit is matured in the substance of the tissues or on the surface, constituting those local lesions which are troublesome to the sufferer, either mechanically or in consequence of the inflammation they produce, the reabsorption of the products into which they are resolved, or of which they provoke the secretion. This pathology is said to be easily demonstrated as applicable to

most of the diseases of vegetables, and Trousseau declares that the day may come when these views will not appear altogether absurd in regard to man and animals.

Taking this as a starting point, he says, it is easy enough to explain how alteratives act in curing most chronic maladies, such as tetter, cancer, scrofula of which the cause is destroyed in the same manner as certain poisons destroy fungi, mosses, or mushrooms, which are developed on organic elements in decomposition or even on those not yet in decay.

The truth or falsity of this theory cannot be determined in the present state of medical science, but it undoubtedly throws open an extensive field for cultivation, where philosophical observers may hereafter win enduring fame for themselves and confer lasting benefit on their race.

I have already admitted that no rigorous classification of the Materia Medica can be made; antim. tart., for instance, is very properly classed with emetics, but it may act as a sudorific, expectorant, or cathartic. The same diversity of action characterizes alteratives; calomel is one af the most powerful of the class, but it may also act as a cathartic or sialogogue. This fact suggests some useful cautions. It is known to every practitioner of experience, that when an alterative acts with violence on the primæ viæ, or produces any considerable evacuation, its energies are uselessly expended, and the object of its exhibition defeated. Hence the importance of observing effects closely, so as to be prepared to limit the medicine to its alterative influence, by such judicious combinations or modification of doses or preparation, as each individual case may demand.

Again, it is not a matter of indifference what article shall be selected for a particular case, for the action of these medicines is far from being identical. Some of

them make a profound impression on the constitution, enfeeble the general system, and may not be wholly neutralized for months; while others, acting apparently with equal power, are more readily assimilated or eliminated, a few days sufficing for the disappearance of any depressing influence they may exert. Hence the propriety, especially in acute disorders, of selecting the former in the treatment of vigorous persons in whom reaction is intense and inflammatory action continuous; while the latter should be reserved for those patients whose constitution gives reason to apprehend collapse after the abatement of the disease.

Peculiarity of constitution may interdict the use of alteratives, that are used with the greatest advantage in the treatment of the same disease as it occurs with a vast majority of persons. Iodine and its preparations are applicable to the treatment of a great variety of chronic maladies, yet I have met with patients who could take only certain preparations of this medicine, and others who could not, without positive and serious injury, take it in any form, although general experience had pointed it out as the most efficient remedy for the disease with which the sufferers were afflicted.

As a general rule alteratives are administered only in small doses, and require to be continued a considerable length of time, in order to affect favorably the organism and to restore healty action to the solids or normal properties to the fluids. Small doses are in most cases absolutely necessary to secure the alterative effect of the medicine, with which some other of its medicinal properties may be wholly inconsistent. Mercury in small doses is a powerful alterative—in large ones cathartic, and if the latter effect is obtained, the former is lost. Homœopathic remedies, when they possess any activity whatever, must owe all their efficiency to their alterative properties. But that absurd system owes far more to the recuperative

power of nature, under a rigid regulation of diet, clothing, exercise, etc., than to any active property of the infinitesimal doses with which its supporters may be pleased to amuse the imagination of their victims.

The same assiduous attention, to what our fathers termed the non-naturals, is imperatively demanded in every case that calls for the exhibition of an alterative. A strict attention to diet, rest, exercise, excretions and affections of the mind constitutes an essential feature in every rational plan of alterative treatment, without which, in grave cases, no reasonable hope of cure can be entertained. I have never known a practitioner, celebrated for unusual success in the management of chronic disorders, who was not remarkable for the extreme rigor with which he enforced a proper regimen.

I do not pretend to claim any novelty for the views expressed in this paper, and would be very far from insisting on the theoretical opinions expressed. It is consoling to reflect that whether these theoretical opinions be true or false, the correctness of the practical deductions is unaffected; for these deductions are made from experience, and do not follow, but precede theory. Whether the mode of action of mercury consists in altering or suspending morbid action, or that of alkalies in attenuating the blood, or that of prussic acid in a direct impression on the nervous system, experience has demonstrated that these medicines are peculiarly appropriate to certain disorders, and that they cannot be successfully or safely employed indiscriminately. Each individual case of disease must be thoroughly studied in all its phases; the constitution, hereditary taint, habits, condition, profession, idiosyncracy, etc., of the patient must be studiously canvassed before the intelligent practitioner will be prepared to select his remedy. Having thus made the selection, another series of observation is imperatively demanded. Every effect must be carefully noted, and the remedy be

continued, modified or abandoned, as each case may require.

Without this system of laborious and untiring observation and reflection, little may be hoped for in the management of grave chronic affections. Accident, may indeed, sometimes supply these high and ennobling qualities of the scientific physician; but there can be neither the same safety or security for the patient, or satisfaction to the practitioner.

ART. II.—*Inverted Toe Nail.* A new Remedy. By BENJ. P. DRAKE, M. D., of Lexington, Ky.

There are but few diseases which inflict on the patient a greater amount of suffering, and on the medical attendant a greater amount of mortification, than the one that stands at the head of this article. The exquisitely sensible granulations in which the nail is embedded, frequently produce such intense pain as entirely to prevent the patient from wearing a shoe and from walking. Besides this, the obstinacy of the malady frequently compels the practitioner to resort, one after another, to all the various remedies which have been suggested for its removal, almost every one of which is painful, some of them excruciatingly so, and at last, mortified and foiled, he gives up the case without having accomplished a cure.

The treatment pursued in the following case is worthy the attention of the faculty and a fair trial of its efficacy, from the consideration that it is without pain in its application and that in this instance at least it has been successful:

CASE. Miss A. E. T., æt. about 16, of irritable constitution, has been for the last three years the subject of inverted toe nail in the great toes of both feet. Almost

every remedy that has been suggested for its relief had been resorted to, but without success. The nail had been scraped very thin, caustic had been extensively and frequently applied, the roller had been worn for months, and lastly, the diseased sides of the nails had been split down to the glands, and then with the forceps, torn out by the roots. The relief following these severe measures was but partial and temporary, and in the course of a few weeks or months the disease was as distressing and painful as ever.

In this state of the case it occurred to me to make trial of the common tannic acid, which I applied in the following manner: I placed a portion of the tannin in its dry state on the nail, and then raising the exuberant granulations, with the tortoise shell handle of a lancet, I gently but carefully pressed it down to the embedded edge of the nail and filled the cavity with it, after which I covered the whole of the proud flesh with the same application, and enveloped the toe with a roller bandage. As no pain followed, the dressing was permitted to remain until the fourth day. On its removal, the improvement was so manifest that I had no hesitation in using the remedy again, which I did precisely as at first. To be brief, six or eight applications of the tannin, at intervals of three or four days, were made, and the cure appears to be complete and perfect.

ART. III.—*A Case of Tetanus.* Reported by W. H. COBB, M. D., of Louisville, Ky.

The subjoined case occurred in the surgical ward of the Louisville Marine Hospital, while under the charge of Prof. Paul F. Eve, of the University, to whose courtesy I am indebted for the frequent opportunities I enjoyed, of watching the progress of the case:

The patient, John Haynes, is an Irishman by birth, 30 years of age, of a strong, robust frame and healthy constitution. About the first of December, while engaged in blasting rock on the railroad between New Albany and Salem, Ia., the powder exploded as he was in the act of bending over the charge. Both eyes were irretrievably destroyed; his face horribly mangled and bruised, and fragments of the rock deeply imbedded in its structure. In addition, a severe lacerated wound was inflicted upon the palmar surface of the little and ring fingers, and the ulnar border of the palm of the left hand; the tendons, nerves and blood-vessels supplying these structures were laid bare, and in some places the bone was completely denuded. A comrade, Higgins by name, assisting him in his operations, also sustained a loss of both eyes, fracture of the inferior maxilla and other injuries of an apparently more serious character than the patient whose case I am about to lay before you. They entered the Hospital Dec. 10th.

The treatment adopted, both prior and subsequent to their entrance, was mildly antiphlogistic; removal of foreign substances, exhibition of mild laxatives whenever the state of the bowels seemed to indicate them, the use of poultices and warm water dressings to the wound, restriction as to diet, &c. Within the last few days, the wound on the hand of Haynes has been dressed with a solution of chloride of soda—one part of "Labarraque's Disinfecting Solution" to 13 of water.

Dec. 18th. Patient doing well, appetite much improved, rests well at night. Complains of a slight increase of the pain in the eyes. Bowels costive. Ordered:

℞. Ol. Ricini ℥j.

19th. M. Dr. Eve's attention was, for the first time, directed by the patient to the existence of convulsive twitchings, involving the muscles of the entire left forearm. Upon questioning the nurse of the ward, he stated

that yesterday, while dressing the wound of the hand, he perceived a small fragment of bone protruding from its surface; simultaneously with its removal, the patient experienced spasm of the fore arm of the affected side. The spasms recurred at long intervals during the day, whenever any of the exciting causes were in action; at other times the muscles were perfectly quiet. The patient also complained of soreness and pain about the muscles of the jaw, but upon instituting an examination, the irritation was found to be owing to a carious tooth.

Actual condition at time of visit:

The patient is suffering from tetanic spasms, recurring at intervals of about 1 minute, as yet mild in their character, and affecting only the left forearm. No pain or uneasiness about the jaws, muscles of the neck, or diaphragm; opens his mouth with ease, and converses without difficulty; mind clear, pulse, skin and tongue natural. Bowels freely evacuated by the Castor oil. The patient expresses himself as feeling "well, barring these jerks."

The tetanic spasms evidently arise from the lacerated palmar wound, but no foreign matters or other source of irritation can be detected. The wound itself is in a state of unhealthy suppuration with a slight tendency to a sloughing condition of its margins; the pus thin and sanious, the granulations studding the center, pale, flabby and exuberant; integuments of the arm and forearm perfectly healthy.

Ordered—100 drops of Tinct. Opii—to be repeated in the dose of 50 drops every half hour, till the spasms subside or narcotism be induced. Locally—

℞. Pulv. Opii ʒj.
Aquæ bullientis ℥iv.
M. ft. infusion,

to be added to a flaxseed poultice, and applied warm to

the wound. A blister, eight inches by four, to the nape of the neck.

4 o'clock, P.M. Visited the patient, and found him perfectly easy, with an entire intermission of the symptoms; had slept soundly during the afternoon, but was awake at the time of visit. Opiate treatment directed to be continued.

20th.—2 o'clock. The intermission of the spasms continued till 3 o'clock this morning—an interval of about fifteen hours since relief was first afforded the patient. He dosed at intervals during the night, but his slumber was disturbed by horrible dreams of suffocation and drowning. At 3 o'clock, A.M., as before mentioned, the symptoms recurred, at first so mild and transient in their character that the patient did not deem them worth mentioning, though expressly requested to do so. It was not until 5 o'clock that they became so painful as to induce the patient to call upon the house surgeon, Dr. Selby.

Finding the opiate treatment ineffectual, the patient was directed to take the following, internally:

℞. Fol. Tabaci ℥j,
Aq. bull., ℥iv.
M. ft. infusion.

℥j every half hour, to complete relaxation of the system.

Present condition. Skin and pulse natural; mind perfectly clear. Paroxysms of contraction affecting the whole body, of an intensity and violence far exceeding those of any previous period. No well marked emprosthotonos or opisthotonos. Muscles of the upper extremities more implicated than those of the rest of the body; patient opens his mouth and swallows without much difficulty.

The whole of the infusum tabaci, as prescribed, was taken without any sensible effect, either upon the disease, or upon the state of the system generally.

The patient was then directed to inhale chloroform till complete anæsthesia be produced, and to repeat it whenever the spasms recurred. Also to take internally,

℞. Tinct. assafetidæ, } 100 gtt.
Tinct. opii, }

and repeat the same in the dose of fifty drops of each, every half hour.

21st.—The tetanic symptoms began to remit about 8 o'clock in the afternoon of yesterday, and at 9 o'clock ceased entirely. He dozed in a restless state during the night, but enjoyed no sound and refreshing sleep. The medicine was administered to him regularly during the night, except when dozing, but the chloroform was discontinued after four inhalations. At the time of the visit, a distinctly perceptible tremor, rather than a well characterised muscular contraction, pervaded the entire body, interrupted at intervals of an hour or two, by violent though transient spasms. Muscles of the jaws but slightly affected; he converses without much difficulty though the effort is apt to excite convulsive twitches of the muscles concerned in deglutition. Continue the prescription of yesterday, and let him take in addition

℞. Sulph. quiniæ, gr.ii, every two hours.

Brandy and arrow-root as nourishment, p. v. n.

22d.—Patient remained in the same state as at last visit, during the greater part of yesterday. At 8 P.M., after awaking from a restless and disturbed sleep, tetanic contractions supervened of a more violent and aggravated form, but soon remitted into a slight vibratory motion of the muscles.

Present condition.—Trismus more marked than at last visit, yet he is still able to swallow liquids without much inconvenience. Pulse 108, soft and compressible; respiration natural; skin moist and warm. Bowels have not been moved since the exhibition of the Ol. Ricini, at the onset of the disease.

Ordered—℞. Olei croton Tiglii, gtt. ij,
Olei Ricini, ℥j.
M.

To be repeated, if necessary.

Also, an injection of fol. tabaci, in the proportion of two ounces of the tobacco to one pint of boiling water.—Cont. alia.

The tetanic symptoms gradually increased in severity till between 2 and 3 o'clock, P.M., when he expired. His mind continued clear, and his mental faculties unimpaired in vigor, until within about half an hour of his death.

Sectio-Cadaveris twenty one hours after death.—Whole body, especially the abdomen, much swollen and very tense. Muscles of neck and abdomen rigidly contracted, while those of the arms and legs were in a normal state.

The wound of the hand partially cicatrized, but with a superficial slough adhering to its surface, and emitting a strong and offensive odor. Tracing the course of the nervous irritation upwards to the cerebro-spinal axis, the nervous trunks were found remarkably vascular; minute vessels could be seen ramifying, in a beautifully arborescent manner, over the entire circumference, imparting an uniform pink tinge to the exterior. Upon making a section of the nerve, its structure was found, to all appearance, perfectly healthy, both as regards color and consistence. The nerve endowing the little finger, was completely but irregularly divided by ulceration at the site of the wound; at the cardiac extremity of the division, existed a bulbous enlargement, three-fourths of an inch in extent, elliptical in shape, and compressed laterally; the flattening seemed the result of pressure from a fragment of rock, the size of a small pea, resting directly upon the diseased nerve. The exterior of the tumor was of a grayish pink color, mottled with black, from the grains of powder deeply imbedded

in the surrounding textures; the interior resembled the ordinary nervous tissue, each filament slightly separated from the adjoining, and the interstices filled with a yellowish substance, probably adipose.

Spinal Column.—The spinous processes and a part of the laminæ of the vertebræ having been removed, a pretty uniform layer of coagulated blood, one and a half lines in thickness, was discovered extending from opposite the axis to about six inches below the vertebra prominens. At the other parts of the extent of the spinal canal, the coagula no longer existed, but the surface presented an extremely congested appearance. Upon making a longitudinal section of the dura mater, the spinal cord presented a beautiful net-work of enlarged and tortuous vessels coursing their way over its exterior; the net-work was most apparent opposite the origin of the brachial plexus and at the commencement of the cauda equina. Internally the cord was of a healthy appearance.

Encephalon.—Upper part and base of the brain slightly congested; no effusion of serum or pus; sinuses distended with blood. At the base of the brain, blood to the amount of perhaps one drachm was effused, occupying chiefly the posterior subarachnoidean space.

I may state that the propriety of amputation of the arm was discussed, at the time Prof. Eve was first made aware of the existence of tetanus, but inasmuch as the disease had already existed twenty-four hours, and had involved the entire arm and forearm, resort to the knife was deemed inexpedient. As all the details, even the most trivial, appertaining to a disease with whose pathology we are so slightly acquainted, must be of importance, I will conclude this sketch, already perhaps too much extended, by an account of the weather during the progress of the disease. On the day upon which the accession of the tetanus occurred, the wind was south

west; in the forenoon some rain fell, but soon ceased, though the sky continued overcast and the atmosphere warm and damp. Upon the following day the sun shone out brightly, giving fair but deceptive promise of fine weather; for until the fatal termination of the case, it continued most variable, though in the main, clear and pleasant. The course of the wind was not particularly noted, though it was generally observed to be from the north west.

January 25, 1851.

Art. IV.—*A Case of Traumatic Tetanus, and recovery.* By Theodore S. Bell, M.D., of Louisville, Ky.

A young man, named John Varali, aged 22 years, called at my office in the latter part of October, on account of a severe wound of the hand, which had been inflicted with a circular saw. The thumb was severely cut; the first bone being crushed into fine spiculæ, and two of the fingers were injured in a less degree. Feeling anxious to save the injured members, I dressed each one with the roller bandage. The hope of success did not rest upon a very firm foundation, for the young man had been unhealthy from infancy. He has for many years been subject to a singular species of chorea. But the wounds referred to, seemed to do very well for some days, and the treatment, by the bandage, was continued for two weeks. About the end of that time, the thumb was threatened with gangrene, and, in spite of quinine, wine, and nutritious diet, the end of the thumb was destroyed by mortification. But at the point of separation healthy pus was found, and the condition of the granulations was promising. Fomentations were constantly applied to the thumb for several days, but

trismus manifested itself in the third week of the wound. The fingers were entirely healed at the time the trismus commenced. The trismus was accompanied by all the symptoms that are usually present in such cases. The jaws were rigid, the tongue stiff, the deglutition of liquid, even, was a matter of great difficulty, and there was stricture of the chest.

After the spasmodic condition of the jaw was well established, emprosthotonos and opisthotonos manifested their presence by unmistakeable signs, and in a considerable experience with tetanus, I have never seen those convulsive actions as constant and severe in any other case. There were times when the face of the patient was drawn nearly to his toes; at other times the back of the head was thrown nearly to the heels. The convulsive action was so great that a table standing near the patient was often thrown across the room, by the sudden accession of a spasm. The patient sometimes sat in a large rocking chair, and was held in it during the spasm; at other times he sat on a lounge, near a partition wall, and the opisthotonos was so violent that a hole was broken through the partition, on one occasion, by the backward movement of the head. The sufferings of the patient were beyond anything I have ever witnessed. He had no rest day or night, and for weeks, neither the trismus, the opisthotonos, nor emprosthotonos seemed to yield in any degree.

In the early part of the tetanic features, my own sufferings with a carbuncle on the left hand were so great, that I was compelled to request Professor J. B. Flint to take charge of Varali for me. He very properly ordered a solution of the extract of the Canabis Indica, in doses of 2½ grains of the extract, every two or three hours. Dr. Flint was impressed with the belief that this extract was of some service, and when I resumed the treatment of the case, I continued it. But for a consid-

erable length of time I saw but little if any mitigation. The spasms were as frequent, and seemed to be as violent as at any time of their career, while under my observation. Partial ease was obtained for a short time, immediately after the action of purgatives. The constipation was unusually great, even for a case of tetanus. On this account, I abandoned all the ordinary preparations of opium, and resorted to McMann's elixir. At the same time I doubled the dose of the Canabis Indica. By purging the patient freely, in the afternoon of almost every day, and the use of the elixir at night, I was able to procure him some sleep, and he often slept several hours at a time. The spasms were less frequent, but were not mitigated in their violence, nor did the trismus abate in any degree. The emprosthotonos was the first variety of the spasms that disappeared, and at the end of four weeks from the commencement of the tetanic attack, the trismus and opisthotonos were considerably mitigated, and finally disappeared.

Throughout the whole of this attack the patient was actively treated. The wound was regularly dressed with warm poultices, and sometimes with the addition of laudanum to the poultice. The patient was a member of the Washington Fire Company, and was, of course, well nursed. His family were unremitting in their attentions. All that could be done by medicine, was done, all that faithful and judicious nursing could do, was freely rendered. The strength was supported by nourishment adapted to the case, and wine of a superior quality formed a leading element of the nourishment. In the repeated efforts to give the sufferer sleep by the use of narcotics, the constipation that naturally belongs to tetanus was increased, and all the ordinary preparations of opium were abandoned on this account, and with the less regret, from the fact that they seemed to render no service to the case. I am not prepared to say that much was done, in

controlling the tetanus, by the Canabis Indica, while in my charge, though I faithfully used it up to the termination of the case. There were times in which it was not given for 12 or 16 hours, and the evils were not increased by the omission. But a neglect of purgatives invariably aggravated the spasms, and their action was always followed by decided mitigation for irregular intervals of time. The Elixir of Opium also, usually gave ease, and was generally followed by some sleep.

Throughout the whole of this tetanic attack, the wound of the thumb remained stationary. It seemed to grow, neither better nor worse, during the existence of tetanus through its term of four weeks, and I continued to dress the wound, for more than a month after the tetanus had disappeared. The thumb is now well, with the loss of the first joint.

I have called this a case of tetanus, because all the symptoms of that malady were present in a marked degree. But it is possible that the attack may have been an aggravation of the long standing chorea, and may have simulated tetanus, or the chorea may have exerted some influence on the tetanus. The trismus came on more sluggishly than is usual, but I have seen considerable varieties in this feature. I have seen it come in all its fulness at the very onset of its appearance, and I have seen it develop itself gradually, but never so slowly as in the young man whose case is under consideration. The recovery of this patient surprised me very much, as it did every body who knew any thing of the case.

In presenting a portraiture of this remarkable case, it is proper to mention that some five or six years since, I attended young Varali in a case something like the one recorded above. He was suffering then from a wound, and had well marked tetanic symptoms, from which he recovered much sooner, than from the recent attack. I entertained no doubt about the tetanic character of the

first attack, nor do I know that there is much reason for a doubt about the second.

It is gratifying to add, that the health of the subject of these remarks is much better since his recent recovery, than I have known it to be for ten years.

ART. V.—*Convulsions; and the remarkable effects of Chloroform in the Case.* By THEODORE S. BELL, M. D., of Louisville, Ky.

Dr. William R. Jacob, of this city, was attacked about the beginning of January, with epileptic convulsions. Several days after the attack, I was requested to visit the case with Dr. Flint. A very remarkable feature presented itself; in the intervals between the spasms; the patient was as motionless and as unconscious as a log. He could neither hear, feel, nor speak, without the use of chloroform, and the inhalation of that always restored him to perfect consciousness, and enabled him to converse with freedom. As soon as the effects of the chloroform passed off, the patient relapsed into utter unconsciousness, from which he could be revived only by chloroform. But I was soon convinced that the use of chloroform was doing more harm than good; the condition of the brain was growing worse under its use, and peremptory directions were given for its discontinuance. In consultation with Dr. Flint, the application of leeches was ordered; they acted well, and I went to the patient, at night, for the purpose of bleeding him, if the leeching had failed to give relief. A brief examination satisfied me that bleeding from the arm was not only indicated, but that it was the only measure that could save the life of the patient. Just as I was preparing to order the bowl and bandages, Dr. J. W. Knight came in, examined the case, and obtained a history of it from me. In our retirement, I stated to him that I was getting ready when he arrived,

themselves in M. Ricord's wards, and one of urinary fistula. The whole of these were serious examples of their respective diseases, and formed the subject of a clinical lecture. I am happy to say that the eminent Professor of the Hôpital du Midi corroborated many of the opinions I expressed during the last winter, on the subject of treatment. In the ordinary cases, he employs simple dilatation by means of conical gum-elastic bougies, with a little olive-shaped point, such as I now produce; when retraction takes place, the case is treated by incision with instruments passed down the urethra, and he has lately introduced several modifications in the shape of the instruments with which the stricture is to be incised. Nitrate of silver is rarely employed in stricture; and on the subject of potassa fusa, M. Ricord agrees with modern surgeons, that in small quantities the kali becomes saponified, and is insufficient; that in larger masses, when pressed against the obstruction, it is attended with the most serious consequences and is not a remedy at all adapted to overcome the impassable strictures which every now and then come before the surgeon.

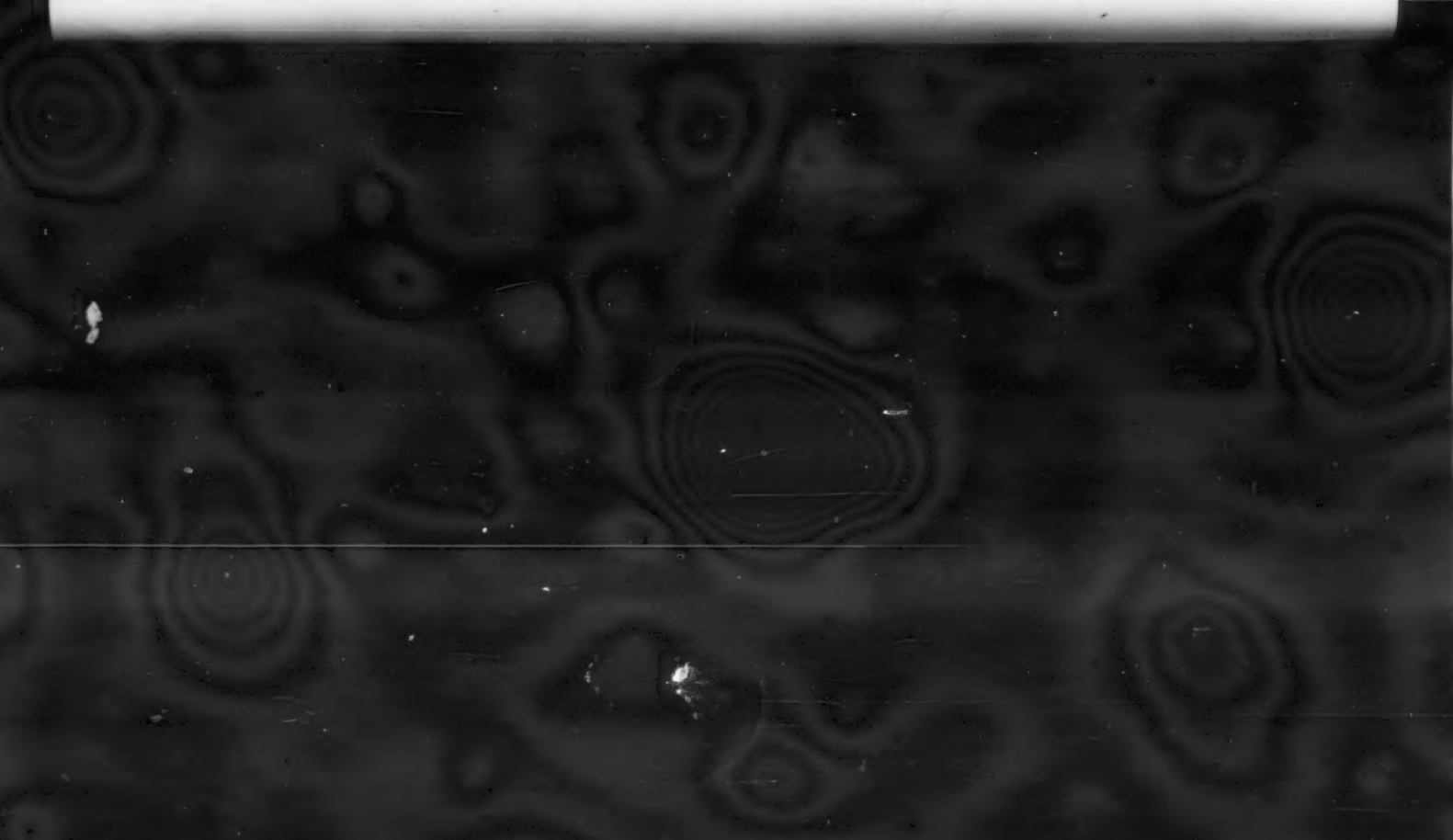
I mentioned to M. Ricord the fatal results which had in London attended the operation of incising the perineum as recommended by Professor Syme. He thought that one or two unsuccessful cases should not deter us from prosecuting the plan, provided all others had failed. He acknowledged that very puzzling cases every now and then came before us, and he cited an instance in his own practice, where death followed from incising the stricture by instruments introduced through the urethra, the fatal result (just as in the London cases) following from typhoid symptoms.

But the numerous late instances of repeated deaths pointed out the caution that should be exercised, and he was by no means convinced that the stricture would not return after a certain period. Still, (added he, in his peculiar laughing way, which often winds up a learned disquision on a plan of treatment,) I should much rather find my patient complaining of the return of the stricture, than the surgeon regretting the non-return of his patient, as you state is the case in London.

to bleed from the arm, and he gave his cordial assent to the measure. As soon as the means could be prepared, I bled the patient from a large orifice in the arm, and drew off a large quantity of very black blood, its condition being mainly due to the chloroform.

This bleeding gave great relief to the head, and brought on a crisis in the case. When I reached the patient next morning I was informed he was dying, and there were certainly strong indications of approaching death. The breathing was short and rapid, and frequently suspirous, the pulse almost imperceptible, the eyes glazed, and all the vital powers sinking. By the seasonable use of sinapisms to the arms and legs, hot applications to the feet, and internal stimulants, the untoward symptoms disappeared, and the amendment gave some hope of ultimate recovery. But the subsidense of the convulsive movements left in its train an irritable stomach which rejected every thing that was taken for several days. This irritability of the stomach resisted all attempts at relief, until we gave quinine and creosote, a prescription agreed upon in a consultation between Dr. Flint and myself. The second dose relieved the sickness, and the patient improved rapidly under the use of food. A hemiplegia of the left side, of some months standing disappeared, and the patient emerged from this attack in better condition than he had been in for a considerable length of time.

In dismissing Dr. Jacob from further medical treatment, he was warned to watch for the least aberration from health, and to have it attended to at once. This warning was neglected. On the evening of the 22nd of January, he complained of headache, and gave way to the illusion that it was caused by the noise of some children about the house. On the morning of the 23d he had no appetite, and refused his breakfast, and about 11 o'clock, that day, the spasms returned with great violence. I was immediately summoned to the case, and again resorted to



blood-letting from the arm. This attack proved to be much milder than the former one, and was speedily relieved. Although this attack was more the result of spinal irritation, than the former was, the same degree of unconsciousness presented itself, and the chloroform had the same singular effect as that described in the account of the other attack. But in the recent case, the chloroform was used but two or three times, and only for the purpose of putting the physicians in connection, as the Mesmerists say, with the patient. When he was not under the influence of that agent, he seemed perfectly dead to all surrounding objects. When I administered it first in the recent attack, the patient was astonished to hear that he had again been seized with convulsions.

The subject of these attacks of spasms is a young physician, who had generally enjoyed good health before his seizure. On the 15th of last March he was suddenly attacked, when in apparent health; the convulsions were severe, and terminated in hemiplegia. Occasional returns of the convulsions manifested themselves, but the first attack in January was the most formidable the patient had experienced. For a length of time the prognosis was unfavorable. The symptoms of *ramollissement du cerveau* seemed unmistakably present at times. The permanent flexion of the arm of the paralysed side, a tendency to flexion of the leg, and cephalagia fixed to one point, led to the suspicion of softening of the brain, and the absence of other symptoms inclined towards a confirmation of this view. The symptoms during the attack, early in January, very closely resemble those described in the 11th case of Andral's Medical Clinic, on the diseases of the encephalic membranes. But it is evident that the case of Dr. Jacob does not belong to the form of disease described by Andral, for the paralysis disappeared completely, with the disappearance of the other symptoms. What particular agent removed or corrected the

lesion in the ventricle or ventricles that caused the hemiplegia, it is difficult to determine. The effect, however, was transient, for the paralysis returned with the recent attack, and remains at this time. It is certainly important that correct conclusions shall be drawn on this point, but the difficulties attendant upon a diagnosis may be estimated from what Andral says, on the lesions, which, in cases of meningitis, coincide with the different alterations in the power of motion. Andral remarks: "beyond that lesion which the scalpel points out as having its seat in the membranes of the brain, there is, in the brain itself, a modification, not recognisable by the anatomist, which is produced, to be sure, by the lesion of the membrane, but which, variable in each individual, is the real cause of all the functional disturbances which are seen to supervene." And it must be remembered that the phenomena described in the case under consideration may be the result of alterations in the substance of the brain itself.

There is reason to hope, whatever the lesion may be, or wherever located, that it is of a removable character. Its sudden and perfect removal in the train of the formidable symptoms that assailed the first attack described in this report, justifies the belief that medication and proper care may again remove it. The patient is now restricted to a nutritious diet, devoid of all stimulants, and the medication relied on is that produced by the Iodide of Potassium. A slight ptyalism is now present, from the use of one dose of calomel. The salivation may aid the Iodide. A further report of the case will be given hereafter, and I entertain a confident hope that the future report will record the recovery of the patient.

January 28th, 1851.

SELECTIONS

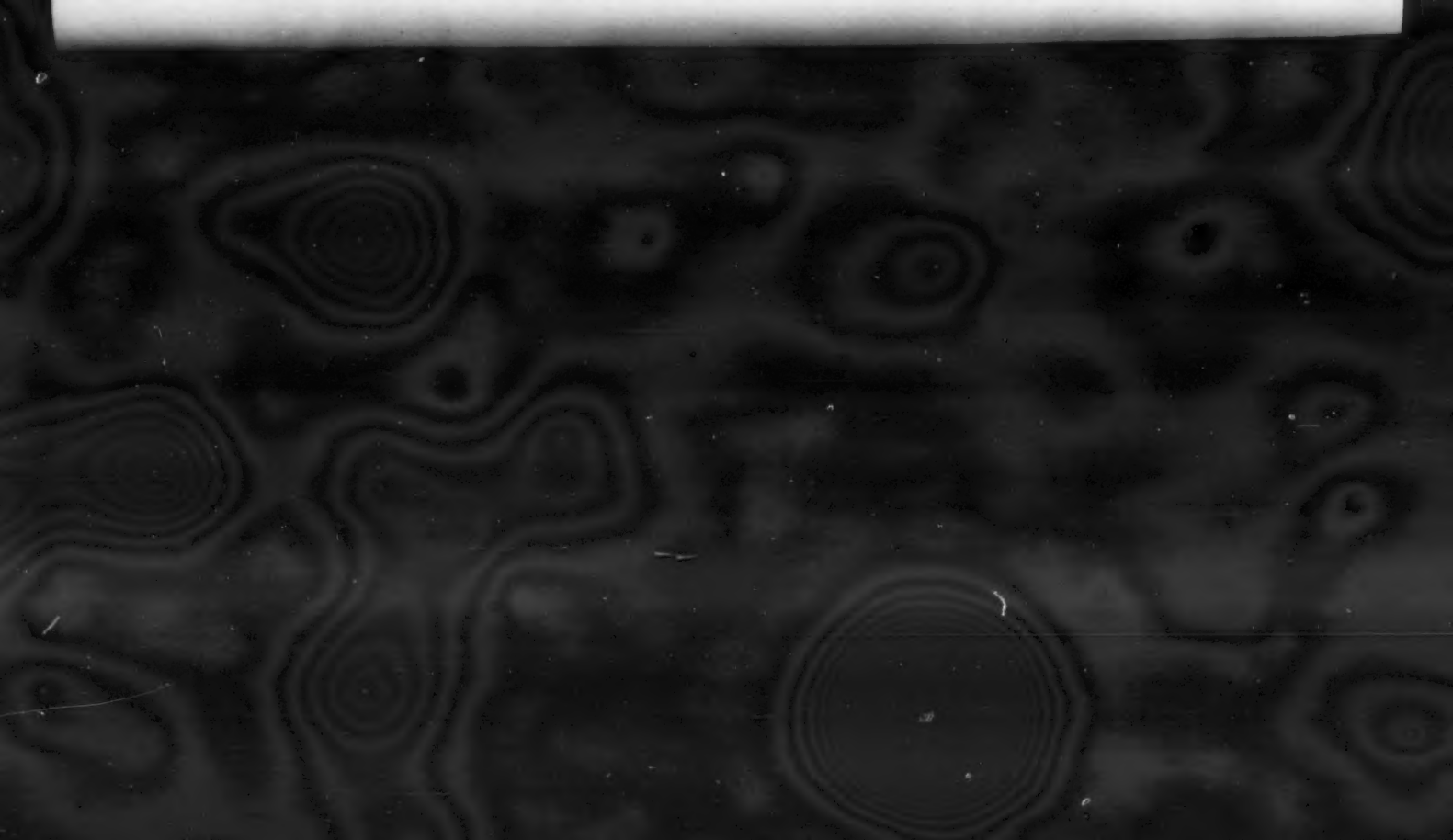
FROM

FOREIGN AND HOME MEDICAL JOURNALS.

On the Present Condition and Treatment of Venereal Diseases in Paris. From Notes taken during a recent visit to the French metropolis. By William Acton, Esq., late Surgeon to the Islington Dispensary, and formerly Externe to the Venereal Hospitals of Paris.—In preparing a second edition of my work on Venereal Diseases, I thought it advisable to pay a visit to the French capital, to observe for myself what improvements my late master, M. Ricord, had been making, during the last two years and a half, in the treatment of syphilis. Although the medical journals every now and then describe any new plan of treatment he may prescribe, still they give but an imperfect idea of the progress medical science is making; and the following notes may not prove uninteresting to the profession, founded, as they are, on the results of my own observation.

The civil authorities of Paris levy a duty on provisions entering the city. The tax goes towards defraying the expense of the hospitals, which are not supported by voluntary contributions, as in this country. The administration has founded large syphilitic institutions, both for men and women. The one I am about to describe is entirely given up to the treatment of men suffering under venereal diseases. The Hôpital du Midi contains nearly 400 beds, and there are at present three surgeons attached to it—M. Ricord, Vidal de Cassis, and Puche. The in-patients are treated gratuitously; the out-patients have only advice given—they are obliged to pay for the medi-

cines, which are not dispensed at the institution. In most other French hospitals sisters of charity attend upon the sick; in this institution the duties are performed by men. The wards are very lofty and long, containing about twenty-five beds each. The committee require the patients to be seen daily; and it is the custom with French surgeons to go round the wards early in the morning, from eight to eleven. On Monday, in the wards of M. Ricord, every patient is seen; on Tuesday, only such as require any alteration in the treatment; on Wednesday, those that were admitted the previous day, when he himself, assisted by his house-surgeon, prescribes for all out-patients that apply. It struck me as singular, that since the revolution the students no longer take off their hats while in the wards, thus showing neither respect to the surgeon nor to the institution; yet that common mark of politeness of lifting the hat when entering a café, is kept up. Of course, in the wards of a Venereal Hospital, many are to be found who have taken, and will take, a part in a street row, barricade, or revolution; yet the greatest order reigns in the institution; any disturbance is met with immediate dismissal by the resident civil officer; and the patients well know that soldiers in the adjoining corps de garde would be instantly called in to expel any refractory patient, notwithstanding the words Liberté, Egalité, Fraterninté, written on the public buildings. The brotherly feeling, almost amounting to familiarity, observed by Ricord to his patients, is seldom abused; he will laugh at, or with a patient, ridicule another's imaginary fears, and the students will participate in his mirth, and the patient will smile; and all goes on smoothly. References are often made by all parties to the political events of the day, and censure is bestowed on the administration, the house-surgeon, dresser, or on the treatment followed in other hospitals; then comes a clinical lecture at the bedside of the patient, if the case is deserving of it; and the patient is cognisant of all that is said and done. Students are rather encouraged to put questions; and the wit and talent of the professor dreading no *contretemps*, everything is open to canvass; but impertinent observations are never indulged in, for were they employed, a laugh raised at the poor coxcomb's expense, would prevent a repetition of it—*mauvaise honte* and im-



pertinence are equally absent. Let a patient, however, be refractory to treatment, or object to follow the prescribed routine, the light raillery gives place to just indignation, and he receives such a public admonition as serves for a warning to the inmates of the whole ward, who equally respect the kindness and the talent of the professor. The in-patients are recruited from the out-patients who are seen daily at the hospital, by one or other of the surgeons; they amount to enormous numbers, and the most severe cases are those admitted.

A surgeon attached to a large hospital, with a considerable private practice, is a very hard-worked man in Paris. Let me give you some idea of Ricord's way of spending his day. He leaves his home in the morning, between seven and eight; he first has to visit his Maison de Santé, which, I need not observe, is a private establishment for single persons who wish to have comforts and attendance they cannot procure when sick at their own homes; at eight he enters the wards of his hospital, and often remains there till eleven. His carriage is in waiting; and then he visits his patients in Paris until three o'clock; he now returns to a hasty breakfast, and is occupied at home until seven, eight, or ten o'clock in the evening; and he assured me that he was rarely able to dine out, in consequence of his patients occupying his time to so late an hour. He has now to answer his correspondents, and prepare matter for the press, and here for the first time he can obtain assistance. Now, although Ricord is nearly fifty, and has led this sort of life, to my knowledge, for twelve years, he is as young-looking as ever; his brown hair remains unchanged; he has no care-worn appearance, but is as cheerful as ever; the same sparkling wit as formerly; and never has a surgeon been more adored by his patients, who feel convinced that he does nothing all day but consider their own particular complaints.

A French surgeon's consultation room is well adapted to the purpose: placed in the centre of several others, with doors opening into each, patients are admitted and divided into little parties. *Egalité* is not strictly observed here, particularly if the servant be feed, a practice as common in Paris as it is in London consultation rooms. The rich man need not wait so long as he who has only

just enough to fee the surgeon. Late events in Paris have caused a great diminution in the practice of the French surgeon; he is called on to give a great deal of gratuitous advice. M. Ricord tells me he has always made it a rule to prescribe for patients who apply; and he never demands a fee, but on his table are seen sums varying from ten francs to Napoleons and sovereigns, which patients place there on leaving.

Asking pardon for this digression, I must return to the more proper subject of this paper. The 2d of April, 1850, the day I visited M. Ricord's wards, was Easter Monday, and the French, like the English, make it a holiday; there were a few beds vacant, but the following is the *resumé* of the cases.

Indurated chancre - - - -	33
Secondary symptoms - - - -	21
Bubo - - - - - - - -	8
Vesicle catarrh - - - - -	4
Phagedænic chancre - - - -	2
Epididymitis - - - - -	7
Urinary fistula - - - - -	1
Vegetations - - - - -	2
Tertiary symptoms - - -	8
Iritis - - - - - - -	1
Simple chancre, non-indurated - -	11
Gonorrhœa præputialis - - -	3
Scrofulous affection of the testis - -	1
Blennorrhagia - - - - -	3
Stricture - - - - - -	1
Chancre of the anus - - - -	3
Gonorrhœal rheumatism - - -	1
Albuminuria - - - - -	1
Hæmorrhoids - - - - -	1
	112

The first thing which strikes the most casual observer, on loooking over the cases, is the large proportions of indurated chancres—thirty-three cases in the wards at one time. Here the student may study induration in all its forms. The frequency of this symptom in the wards depends upon M. Ricord admitting by preference, as patients, those who suffer under this form of chancre. Like

all writers on syphilis, he lays the greatest stress on this symptom; but differing from all his predecessors, he does not consider all hardness attending a chancre to be induration. To diagnose this true symytom of syphilis, he looks for, and points out to the pupils, the enlargement of the glands in the groins, occurring a few days after the induration on the penis. These buboes rarely suppurate; when matter forms it is the result of inflammation superadded to the disease, and is an accident, whereas the enlargement in the groin is a constant attendant upon indurated chancre. When this symptom is not to be detected, he often keeps the patient in the wards, to show that the false ulceration will subside of itself, and secondary symptoms not occur.

I said above that you may study, in these thirty-three cases of indurated chancre, the disease in all its varied consequences. In by far the majority of cases, secondary symptoms had already appeared; and on reference to the table, twenty-one cases are noted down in which secondary symptoms were the most prominent feature; here indurated chancre had previously existed. In these cases of constitutional syphilis, M. Ricord dwells particularly on a character not noticed by previous writers—namely, enlargement of the glands at the back of the neck, a very constant occurrence in secondary symptoms, and one that comes on early—say five weeks—after general contamination of the system. The treatment of all these cases consists in ordering the mineral, in the form of proto-ioduret of mercury, a preparation he almost exclusively gives, but one which in England I have been unable to prescribe, as the same pills which patients bring from Paris act too violently on the bowels in this country, inducing colic and diarrhea,—consequences rarely seen in Paris, and which we must attribute to climate and difference in diet in the two capitals. I need not here dwell on the long period mercury, he thinks, must be given in cases of indurated chancre or secondary symptoms, and continued even after their disappearance; three or six months' persistence will scarcely be long enough to eradicate the syphilitic diathesis, and prevent relapses when the constitution has been once infected. All his further experience has only convinced the professor of the Hôpital du Midi of the correctness of his

ideas long since given to the public, but he now further assists their action by prescribing more frequently.

Fumigations.—This mode of giving mercury is so rarely followed in London, at the present day, that perhaps few of my readers are aware of the means employed.

The patient is placed naked in a box, his head being the only part exposed to the air. This box is heated by a furnace below, on which the bisulphuret of mercury is placed, in proportions of three drachms. The heat soon volatilizes the mineral, and the fumes come in contact with the skin. The patient is allowed to remain twenty minutes in a box, and a tumblerful of water is given him. In a few minutes perspiration comes on, and the patient is then taken out and well rubbed down; and the fumigation may be repeated twice a week for a month or six weeks, according to circumstances. In old chronic affections which do not yield to mercury, given internally, the most marvellous effects are often produced, and I have seen cases (resisting all other treatment) get rapidly well under this plan; and I would recommend a trial to my professional brethren in the numerous instances that come before them of obstinate complaints. I am, however, by no means convinced of its general application, or that it is likely to supersede the mineral, given internally. It has been said that patients may employ fumigations, and yet pursue their ordinary occupations. One case that has lately come under my notice induces me to recommend that patients, after employing the cinnabar, should not expose themselves to the open air. I fear, likewise, that in country practice the use of it must be circumscribed. A fixed apparatus will be necessary, as the volatilization of the mercury is difficult, in consequence of the great quantity of heat required. The ordinary spirit-lamp appears insufficient. I lately placed a patient in a vapor-bath, and after weighing three drachms of the cinnabar, placed it on the plate, over a strong spirit-lamp. In twenty minutes the substance had only lost one scruple in weight, independently of waste, thus showing that this is a very imperfect way of volatilizing the mercury, the vapor of which is so heavy that it will not rise more than one foot, unless carried up by a strong current of air. These peculiari-

ties explain why fumigations have fallen into disuse, as the proper means of application are not always at hand.

Tertiary Symptoms may be seen in the wards in all their variety; and I noticed one which will form the subject of a separate communication; viz: of amaurosis, depending upon disease of the sphenoid bone. Suffice it, at present, to say that iodide of potash is our sheet-anchor, given *in large doses.* It is a very general belief in London, among our leading surgeons, that all the good that iodide of potash can do, will accrue if three or five grains be given, three times a day; more than that, I am daily told, will do harm, or if more be given with impunity, the article is spurious. I do not wish to underrate the good effects of the salt often resulting from small doses, but I am as equally convinced that large doses may be given with impunity. I lately had a gentleman from Scotland under my care, who took the remedy in such quantities that he purchased it by the half pound, and yet it was a genuine article; but I will go further than this, and assert, from a pretty large experience of its effects, that small doses will not do any or the slightest good in many instances. I have now under my care a patient with affection of the nose, and destruction of the ossi nasi, who had been taking these small doses of iodide of potash for many months, under a late lamented surgeon, and the disease remained pretty nearly in *statu quo.* She came under my care, and the affection is now on the point of complete recovery under increased doses.

I met Mr. Wallace in consulation a short time since, in reference to a case of tertiary symptoms of the nose and brow, which iodine had relieved, but not cured, although taken in these small doses by direction of another surgeon for nine months; here the salt had been obliged to be left off, because iodic intoxication was said to have been produced, together with symptoms of affection of the brain. Now in these instances, time, rather than the dose, was in fault, and the surgeon who entertains these ideas scruples not to prescribe iodide of potash for years, rather than give it in larger doses.

I saw, with Mr. Vickers, a gentleman who has now entirely recovered, to whom we gave large doses of iodide of potash with bitters, yet small doses had failed in

curing him, although given for long periods under the advice of other practitioners. I mention these cases because prejudices exist against the employment of the remedy, whereas, in France, Ricord gives it in anything but homœopathic doses, and with the most signal success.

Phagedænic Chancre.—At the time I visited the wards, only two cases existed of this disease, but generally it is much more frequently met with. Under this head may be included all those anomalous sores met with in London, or elsewhere, which are classed as irritable chancres, occurring in bad constitutions, indisposed to heal, spreading, instead of healing kindly, and causing the greatest annoyance to both surgeon and patient. In consultation practice in London, these are the cases I am most frequently consulted about to sanction the use of mercury. All sorts of washes have been used, caustic has been applied, but without avail, and the case is getting worse. In all such instances, iron is the remedy, and its effects are perfectly magical. I need not say that mercury aggravates such cases. Of all preparations, the tartrate of iron is best given in the following manner:—potassio tartrate of iron, 1 ounce; water, 6 ounces. Mix. Two tablespoonsful three times a day.

M. Ricord largely employs it, and prescribes it now, even in the treatment of simple cases of chancre; he uses it, likewise, as a local application, as well as an internal remedy.

Chronic Catarrh of the Bladder.—Ricord now uses caustic injections into the viscus itself. Having emptied the organ of urine, he passes a gum-elastic catheter, and then, with a glass syringe, throws the injection into the bladder, and repeats it, according to circumstances, every three or four or six days. There is some pain and irritation set up; the urine becomes a little bloody, but the ropy secretions soon ceases. The different preparations of turpentine are given, and I saw four cases in their different stages. He has not met with any ill consequences of the treatment, although the injections used are composed of nitrate of silver, 2 drachms; distilled water, 4 ounces. Mix for an injection.

Strictures.—On the day I took notes of the cases, only three instances of stricture of the urethra presented

themselves in M. Ricord's wards, and one of urinary fistula. The whole of these were serious examples of their respective diseases, and formed the subject of a clinical lecture. I am happy to say that the eminent Professor of the Hôpital du Midi corroborated many of the opinions I expressed during the last winter, on the subject of treatment. In the ordinary cases, he employs simple dilatation by means of conical gum-elastic bougies, with a little olive-shaped point, such as I now produce; when retraction takes place, the case is treated by incision with instruments passed down the urethra, and he has lately introduced several modifications in the shape of the instruments with which the stricture is to be incised. Nitrate of silver is rarely employed in stricture; and on the subject of potassa fusa, M. Ricord agrees with modern surgeons, that in small quantities the kali becomes saponified, and is insufficient; that in larger masses, when pressed against the obstruction, it is attended with the most serious consequences and is not a remedy at all adapted to overcome the impassable strictures which every now and then come before the surgeon.

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But the numerous late instances of repeated deaths pointed out the caution that should be exercised, and he was by no means convinced that the stricture would not return after a certain period. Still, (added he, in his peculiar laughing way, which often winds up a learned disquision on a plan of treatment,) I should much rather find my patient complaining of the return of the stricture, than the surgeon regretting the non-return of his patient, as you state is the case in London.

I regret being obliged to omit many important observations which I made during my stay, as well as other remarks on the out-patients, but I hope I have said enough to show how much society and the medical profession are indebted to M. Ricord for the manner in which he has successfully carried out the treatment of venereal diseases, and following in the footsteps of the immortal John Hunter, has recalled the attention of the profession to a class of diseases that of late years had become the especial domain of quacks.—*London Lancet*, December, 1850.

Epilepsy with Spectral Illusions.—Under the care of Dr. Owen Rees. Dr. Owen Rees has lately had to treat a case of epilepsy complicated in a manner which is not very often met with, the patient being troubled with spectral illusions. Though such a complication is somewhat rare, it will not cause much surprise to the pathologist, for the fact of epilepsy being so frequently followed by insanity, naturally leads to the inference that any of the various kinds of mental delusions may complicate the disease. Dr. Copland, in his elaborate Dictionary, mentions most of the complications of epilepsy, as mania, apoplexy, paralysis, etc., and as spectral delusions are not mentioned, it is therefore supposed that they have been rarely seen in connexion with epilepsy. We proceed to give a sketch of the case, and avail ourselves of the notes of Mr. W. Rhys, the clinical clerk.

Rebecca L—— is 20 years of age; she has the face of dark struma, having black hair, and eyes of the same color; she is tall and well developed, and has menstruated regularly since her fourteenth year. She has always resided in Bethnal Green, being well fed and not overworked, but a tendency to cerebral affections is hereditary in her family. Her father had had several fits of apoplexy before he ultimately died paralyzed; a brother of the patient, now living, is subject to epileptic seizures, and there is one sister affected with phthisis. Patient, however, enjoyed tolerable good health as an infant, and affords another example of the fact that a predisposition to head affection will lie dormant, until

the encephalon has reached a certain development, and even then, as will be seen by the sequel, exciting causes (sometimes of a traumatic kind) are necessary to give full scope to the morbid tendencies. In her ninth year, the patient was knocked down in the streets by a butcher's boy. the shock rendered her completely insensible, and she continued in an unconscious state for four hours and a half. Soon after this accident, she became subject to hysterical fits, and at the termination of the second year from the date of the blow, she had a genuine epileptic fit.

It is instructive to watch in this case the mysterious development of the nervous affection: 1st, heredity; 2d, a blow; 3d, a lesion of some part of the nervous center made apparent by a sort of subdued epileptic affection—viz: hysterical fits; 4th, the chronic disorder (slowly brought on in the encephalic mass by the lesion) working on a predisposed individual, and rendered cognizable by epileptic seizures. Thus are we able to follow, step by step, the effects of certain influences on the brain, but as to the exact nature of this influence we must be content with conjectures.

Both the hysterical and epileptic fits now frequently recurred without observing any regularity in their alternations, this circumstance, again, showing that both affections are of the same nature, and that one or the other will appear, according to the greater or lesser excitement produced either by the ingesta or the circumstances in which the patient is placed. The epileptic fits became soon very frequent; they would seize upon the patient sometimes four times a week, and often as many times *a day*. About four years ago she was under treatment, during which time she was entirely free from fits.

In October last the poor girl met with another accident; a heavy shutter fell upon her, and brought her to the ground. She succeeded in reaching her residence, which was not far off; but on entering into her room she fainted, and continued insensible for a considerable time. Sometime prior to this second accident, she used to fancy that she saw the characters of whom she was reading, as kings, etc., etc., in books of history, placed high up on the wall of the room, and seemingly watching her.

She rarely saw but the head and shoulders, and these appearances caused her no terror. After the accident, however, which we have just mentioned, they became more fearful in their character, sterner, more menacing, and were in general very ugly. The subjects of these spectral illusions soon became more numerous; she used to meet them on the stairs and about the house, so that at last she became afraid of moving about alone. When she happened partially to preserve consciousness during the fits, the spectra became uglier and more threatening in their looks than at any other time.

After this, the patient had been some short time under Dr. Rees's care, and had taken purgatives and tonics; she was ordered to have an issue on the vertex, and was mildly salivated with the compound soda powder of Guy's Hospital Pharmacopeia: calomel, 1 grain; dried soda, 5 grains; compound chalk powder, 10 grains.—This treatment was attended with marked benefit; the epileptic seizures, which had hitherto occurred three or four times a week, altogether ceased, and the more formidable of the spectral illusions left her likewise. Dr. Rees thought it advisable to keep up the effect of the mercury.

On the 18th of January, about seven weeks after the girl was first seen, her mouth became very sore, the use of the metal was suspended, and the patient took small doses of Epsom salts in infusion of roses, and had a borax gargle prescribed. About twenty days after this, the issue was allowed to heal, and a fortnight afterwards the illusions, which had almost vanished, began to trouble her again, and she now complained of headache. Dr. Rees ordered sixteen grains of the soda powder to be taken every other night, and the illusions still persisting, another issue was ordered to be placed on the vertex, and the powders to be continued. Under this treatment and the subsequent exhibition of the mineral acids, the patient went on improving until the latter end of May, when the spectra no longer appeared.

About a fortnight before the girl was finally discharged, the seton was allowed to heal up; this circumstance gave, however, rise to no unpleasant symptoms, and Dr. Rees had the satisfaction of having conquered, at

least for the present, one of the most intractable diseases to which the human race is liable.

The judicious administration of mercury had decidedly a very beneficial effect in this case, and though the use of this metal is founded on conjecture only, we may well agree with Dr. Copland, who says, speaking of epilepsy—

"When we reflect on the frequency of serous effusion in the cavities, and of alterations of the coverings of the brain, in fatal cases, a judiciously conducted course of mercury, independently of the evidence of Willis, Riedlin, Etmuller, etc., in its favor, promises some benefit. It is chiefly, however, in the active conditions, or when the malady presents the apoplectic, inflammatory, *maniacal* . . . complication that mercury given so as to affect the mouth is most likely to be serviceable."—*London Lancet*, December, 1850.

A cheap and simple article of Nourishment for Infants—Carrot Juice. By Dr. Gumprecht of Hamburg.—Being impressed with the consideration that the nature of the artificial nourishment of young children deprived of the breast has a most important effect on their health, the author was anxious to find some aliment more supportable by the tender organism of infants than cow's milk and amylaceous matters, which mostly tend to acidity. An observation of Schmidtmann, that the pulp of carrots is a favorite article of diet for young children in Turkey, and is much used there, led him to turn his attention to this substance, which, as is well known, from the analyses of Wackenröder and Liebig, is particularly rich in albumen and sugar. It contains, however, also a quantity of ligneous fibres (cellulose), which is indigestible, and may therefore prove injurious.

He therefore thought of employing the thickened juice of carrots in the following way: An ounce of finely-rasped carrot pulp is mixed with two cups of cold *soft* water, and left for twelve hours, during which it is occasionaly stirred, then strained through a sieve, and the juice expressed from the pulp. This juice is then mixed with a sufficiency of bruised biscuit, or bruised crust of white

bread, or a little arrowroot, a little sugar added, and the mixture heated, but not allowed to boil completely, so that the albuminous matter may not be coagulated. More sugar may be added if required.

The author considers the addition of biscuit or bread to be necessary, in order to furnish to the child all the requisite elements of nutrition—viz., albumen, starch, gluten, sugar, fat, and salts.

For sucklings deprived of the breast, the preparation is so far altered that the biscuit (1 part) is rubbed up with the carrot pulp (4 parts), then macerated and strained as above (we presume it is to be heated, though the author does not expressly say so.) To this juice the requisite amount of sugar, and a little salt are added, and the child fed with it from a sucking-bottle. Of course great cleanliness is requistie to prevent acidity being generated in the bottle, and for the same reason the juice, which readily undergoes fermentation, is to be kept in a very cool place, and prepared in small quantities at a time.

So far as the author's observation has gone, this system of nourishment has answered well, the children not only bearing it well, but taking the food readily, and he has received assurances of similar success from several of his professional brethren.

It is further stated by him that for older children the carrot pulp may be mixed with animal broth, and that large carrots answer better for the preparation of the juice than those which are young and small.

From the want of any direct experience of the above method, we cannot as yet express a judgment on the above proposition; but we must admit that the manufacture of the food does not appear (as the author seems to think) so easy that we can always reckon on its being successfully prepared. The chances of fermentation in such a juice are so great that it is to be feared it will hardly be avoided. We should regard any tendency to laxity of the bowels—so common an affection of children—as a complete contra-indication to its use. Further, there seems to be no reason why, even for young infants, some animal matter should not be added, in the form of broth or yolk of egg.—*Schmidt's Jahrbücher*, from *Journ. für Kinderkrankheiten*, July and August 1849.

In the *Journal für Kinderkrankheiten* for March and April, 1850, Dr. Gumprecht publishes letters from Dr. Müller, of Hamburg, Dr. Mauthner, of the Children's Hospital of Vienna, and Dr. Helmbrecht, of Brunswick, who state that they have followed his plan with satisfactory results. The last-named physician, however, remarks that if arrowroot is used to thicken the juice, it must be boiled, else the arrowroot will not dissolve, and this has the effect of coagulating the albuminous matter, which the author wishes to avoid. Dr. Helmbrecht suggests salep—a substance which is little used in this country, but which, we believe, is unjustly neglected.—*Monthly Journ. Med. Sci.*, Nov., 1850.

Treatment of Cardiac Dropsy.—Dr. Alexander Kilgour, in an interesting paper on Disease of the Heart and the dropsy following, in the *Monthly Journ. Med. Sci.* (Sept. 1850,) makes the following remarks on the treatment of the latter affection:—

"In the treatment of cardiac dropsy, every practitioner has his favorite remedy, taken from the class chiefly of diuretics or purgatives, or both. Of the former, I have found the following combination the most efficient. It pumps the patient out, so to speak, sometimes in a few hours; and it often will do so in repeated attacks of the anasarca.

℞.—Infusi digitalis, ℥iv; acetatis potassæ ℥ij; spiritus ætheris nitrosi, ℥ij; aquæ cassiæ ℥iss. Capiat cochleare magnum quartâ quâque horâ.

At last there comes an attack in which this and other diuretics cease to act, and we must then fall back on purgatives. Of the latter, unquestionably the most powerful is elaterium. But there surely must be a very great diversity in the strength of this medicine. Some practitioners, from the days of Sydenham, and long before him, downwards, appear to have given it in the dose of two grains, or even more; but I have found a single pill, according to the following formula, generally very powerful:—

℞.—Elaterii. gr. j; extracti colocynthidis comp. ℈ij. ss; extracti hyoscyami, gr. xij. **M.** Divide in pilulas xij. Capiat unam nocte maneque.

The great objection to the elaterium is the intense sickness, even in this small dose, produced by it. Do the large doses produce less sickness than the smaller? It may be so; but, in the few instances in which I have tried large doses, the sickness was not less. Is there any mode by which this sickening property in this valuable medicine could be removed? The same effect was found by the ancients in the well known and much used, but undeservedly now almost discarded, hellebore; and for the sickness occasioned by it we find it recommended (*Vide* "Oribasius," lib. viii. cap. v.) that, amongst other remedies, the patient should be entertained with a funny little story, or be tossed, like Sancho Panza, in a blanket.* Something more efficient than the former, and less disturbing than the latter, would be a desideratum.

It is the opinion of some that the elaterium acts as a diuretic, as well as a hydragogue chathartic. I remember, when in consultation with Dr. Adams, of Banchory, in a case of cardiac dropsy, having my attention called by him to a formula, where the elaterium was combined with a diuretic, which he had seen prescribed with very great success. I detected it at once as a formula given in Ferriar's valuable "Medical Histories." It acts most powerfully by stool and urine (being composed of several of the most powerful of the diuretics, along with the elaterium); but I always found it to cause much and violent sickness.

℞.—Extracti elaterii, gr. ij; spiritus ætheris nitrosi, ℥ij; tincturæ scillæ, oxymeliis colchici, ää ℥ss; syrupi rhamni, ℥i. **M. Ft. Solutio.** Capiat drachmam unam ex aquæ pauxillio, ter, quarterve in die.

The combination of a bitter purgative with a saline one composed of the vegetable alkali and a vegetable acid, is in my experience much more efficient than any single purgative, or than a bitter with a salt formed of a mineral

* My learned friend, the translator of Hippocrates and Paulus Ægineta, writes, in a note, in his translation of the latter, "shaken in a garment;" but mine, I assert, is the more spirited version.

acid. The old compound powder of jalap is a well known instance of a mixture of this kind, and is still one of our best purgatives in all dropsies where this class of medicines may be suitable. Ferriar used, as did also Home, a combination of half an ounce of the bitartrate of potass with two grains of gamboge. The infusion of senna with bitartrate of potass is also an old-fashioned and valuable remedy; but the insolubility of the salt is an impediment to the efficiency of this formula. The senna infusion with tartrate of potass, or with the tartrate of potass and soda, is not liable to the same objection; and the advantage of the frequent use of this combination in cardiac disease having a tendency to dropsy, or in the dropsy itself attending that complaint, has been in my hands, and those of my brethren to whom I have recommended it, so unequivocal, that I can speak for it in the highest terms.

The preparations of mercury have proven, no doubt, very successful in the treatment of this form of dropsy, and consequently many practitioners give them a preference. Without wishing at all to detract from the merits of this most valuable agent, I must confess that, in chronic diseases of the heart, I have the same objection to it, and founded on the same grounds, as was that to the celebrated Dr. Fell, or, to use the more classic words of Martial—

> "Non amo te, Sabidi, nec possum dicere quare;
> Hoc tantum possum dicere, non amo te."

I do not like the mercury, and cannot speak from experience of its efficacy in cardiac dropsy.

There comes a time in the treatment of this complaint when not only diuretics in all forms, but even purgatives, cease to remove or even to keep in check the anasarca. And this brings me to speak of another mode of treatment, which often proves palliative for a time—viz., puncturing the lower extremities, and thereby draining off the fluid.

This is not a new mode of treating the disease, though it has at various times fallen into unmerited neglect, and perhaps at the present time more so than at any other. Freind, in his "Historia Medicinæ," refers to the passage in Ætius which treats of this method of curing dropsy. Ætius is quoting from Asclepiades, and says that "an in-

cision is to be made in the internal part of the leg, about four fingers' breadth above the ankle, and that it is to be of the same depth as in venesection. A small quantity of blood flows first, and then there is a continuous discharge of water; and, without inflammation, the wound remains open until the whole dropsy has run off, no internal medicine being used." Freind continues, "Ipsa operatio ab Hippocrate memoratur, et ab ejus temporibus usque ad hunc diem multo sæpe cum successu adhibita est. Aliam puncturæ, scilicet per acum, viam proponit Sylvius de la Boe, hanc a se primo excogitatum glorians; quanquam evidens sit ea omnia ex hac descriptione desumpta esse, atque totidem verbis ab Avicenna expressa." And then he adds, "Verum haud sola hæc inventio recens dicitur, quam antiqui nobis medicinæ scriptores diserte tradiderint. Id autem omnibus in chirurgia vel minimum versatis constat, lanceolam longe præferendam esse cuivis acui, in aperiendis iis, quæ anasarcam comitantur tumoribus."—("Historia Medicinæ," p. 385: Lond., 1733.) Mead commences his notice of the treatment of dropsy ("Monita," p. 130: Lond., 1771) with an account of this operation. He directs an incision to be made two fingers' breadth above the ankle down to the cellular membrane, and no further; and he orders the leg to be fomented with a decoction of emollient herbs, to which some spirits of wine and camphor have been added. He tells us that he has often found this mode of treatment, not only in this disease (anasarca), but also in ascites, of great service, and sometimes curative, the water running out for many days to an extent to exceed all belief. He carefully cautions us to support the patient's strength under a serous discharge from this or any other wound. He then gives a case, apparently hopeless, of anasarca, combined with ascites, where, by a wound made in this manner in each leg, followed by a combination of bitters, squills, and such purgatives as elaterium, calomel and jalap, the patient recovered, and died five years afterwards of another disease.

This method of treatment is also brought under our notice by Heberden, in his "Commentaries," but not with so flattering hopes of advantage. He says, "When these and other diuretics have failed, as is often the case, some have attempted to draw off the water by incisions in the

legs, and even by cantharides blisters applied to them; and sometimes blisters take place spontaneously on the legs of dropsical persons. By these means," he continues, "I have seen not a small quantity of water drawn off, but never the disease cured ('morbum autem nunquam sanatum'); but they gave a brief respite, and eased the patient a little." He then notices the great objection to this mode of treatment—the difficulty of healing, and the danger of these wounds—"Odiosum est quod hæc vulnuscula interdum fiunt ulcera sanatu difficilia, vel periculosa, quanquam bis aut ter quotidie pannis laneis ex aqua calida expressis foveantur. Fomenta hæc utilia sunt ad aquam copiosius evocandam."—(Commentarii," p. 191: Londini, 1807.)

I have here quoted the opinions of these very practical men as a test, so far, of the value of the treatment by incisions and puncture. I have no hesitation in saying with both Mead and Heberden, that I have not only often seen it of great benefit to a patient laboring under anasarca, no matter what the pathological cause of that disease, but have also in some cases seen it prove a cure, or, at any rate, that, after recourse had to it, internal medicines, which previously exerted no effect on the dropsical effusion, began to act, and the anasarca did not reappear.

I do not, however, recommend it until all internal remedies have failed. I never have recourse to it till it has become, to use Mead's expression, "unica spes salutis;" and I do not forget the qualification he makes, "et ea dubia." Still I am decidedly of opinion that, whether as a palliative or as a hope of cure, it deserves more notice than now-a-days it seems to me to get.

There are two modes, as stated above, in which the opening for draining off the fluid may be made—either a puncture with the lancet, or with a good stout sewing needle. From a single puncture by the latter, a quantity of water will sometimes run out so as to pass through the bed in a few hours, and require to be collected in vessels placed below it.

Heberden has evidently seen the danger attending this mode of treatment, though he does not say specifically in what it lies. He tells that the wounds are difficult to be healed, but that we need not fear. He also says they are "periculosa." Now, the danger consists in the inflamma-

tion of an erysipelatous character, that not unfrequently takes place, extending up the limb, sometimes bringing on *sphacelation*, and for the most part ending in the death of the patient. But if the medical attendant would be satisfied with one incision, and one, or at the most two, punctures, in the proper place, erysipelas is not so apt to occur. The state of the skin—its low vitality during the existence of the dropsy under it—is singularly favorable for this form of inflammation; but a small clean cut, or one or two punctures—and, if there be two, at a distance of not less than two inches from each other—is not so likely to be followed by this as when, in the anxiety to get the water all off speedily, several have been made. The writers whom I have quoted all recommend fomentations to be applied to the wound; but I have often found the evaporating lotion very successful in keeping down any disposition in the part to erysipelas. Frequent ablution, also, with tepid water, and the removal of any cloths that may be soaked with the serum that has run out, will serve to prevent, so far, any irritation from being set up in the skin.

When the operation, even with the needle, has to be often repeated, as is sometimes the case, for the ease of the patient, especially in cardiac dropsy, there is sometimes a degree of inflammatory action set up in the cellular tissue by which its interstices become obliterated, and the skin and it become quite closely adherent to the facia below. I remember this occurring in a gentleman, who had been kept alive for some months by punctures, and who was at last dropsical everywhere, except below the knees, where the adherent and thickened integuments would not distend—thus giving him, however, not a little pain. It has of late been recommended to have recourse to this treatment much earlier in the disease than was the custom with the old practitioners; and it has been said that the chances of success from it are much greater than when the patient's strength has been exhausted, and the vitality of the skin has been impaired by the long existence of a dropsical effusion. This reasoning is fair; but, whilst admitting it, one practical point may be mentioned, which is, that the fluid does not flow so freely from the incisions as when the areolar tissue has become more open and less resilient by the long existent pressure of

the effused serum. And, little as the danger of erysipelatous attacks may be from puncture of the skin in the early stage of anasarca, still there are few that will subject the patient to this chance of danger until all the other more usual and often successful modes of treatment have been tried in vain.

As to another topical means of treatment in this disease —viz., the application of blisters to the anasarcous legs, with the view of draining off the serum—I would have scarcely thought it necessary to speak, believing that almost none, now-a-days, would adopt this practice; but lately I met a very intelligent country practitioner, who told me that he occasionally had recourse to this application. Sydenham has condemned the practice, and branded it as a favorite application of empirics; and he states that "blisters entirely extinguish the natural heat, already almost overpowered by the water and deficiency of the animal spirits, and bring on a gangrene—too common in such cases." Sydenham's authority (and, by the way, he also condemns acupuncture) is great; but I have seen a small vesicle, which had formed on one of the lower limbs, burst and drain off the whole serum from a person affected with extensive anasarca. The case alluded to is one of interest otherwise, though more properly suited to an article on renal dropsy. The patient, a lady, had the most albuminous urine I ever examined. Every remedy for dropsy had been tried by her medical attendant but mercury, and it was only left to me to suggest that, before the patient died, this medicine, which I had never seen more dangerous in this form of dropsy, as has been asserted by writers, than in any other, should be cautiously tried. This was done. Two days afterwards the vesicle above alluded to showed itself and burst, and our patient, much to our surprise, recovered, and is still in good health—seven years after the above attack. What nature does may not always be successful in the hands of art; and the exciting of a vesication by means of a blister is much more likely to be followed by dangerous than by curative effects in all anasarcous limbs, from whatever cause the dropsical effusion may have arisen.—*American Jour. Med. Sci.*

On the Diagnosis of Tape-worm, from the character of the Nervous Symptoms induced by its presence.—M. Legendre has published an interesting memoir, upon the nervous symptoms produced by tape-worm, in the *Archives Générales de Médecine* for June, 1850. He places the facts of this department of diagnosis in a very clear point of view; and, on this account, we think it right to call the special attention of our readers to the following brief abstract of his paper. When anomalous nervous symptoms perplex the physician, it is always right to compare them with those which are known to be caused by tape-worm; and if any room for suspicion of its presence exist, it is always imperative to administer a vermifuge. We say *always*, because the experiment is at least harmless, as the perfect safety, as well as the general success of the kousso has now been fully established on unimpeachable authority. We would in all cases, prefer this medicine, or the oil of the male fern, to the bark of the root of the pomegranate, which is considered by M. Legendre to be the best. The latter is likewise, undoubtedly, a most valuable drug for dislodging the tænia; but it is not quite equal to the kousso, or the male fern. The following is the substance of M. Legendre's paper:

Thirty-three fully reported cases are carefully analyzed.

Disorders of the cerebro-spinal nervous system occurred most frequently; viz., in twenty of the thirty-three cases. They were in twelve cases, of a convulsive character, occurring several times, or oftener (being eight times epileptiform, and four times hysterical). In eight of the cases the convulsive movements were partial, being confined to the face, or to a single limb. In fourteen of the thirty-three cases, the convulsions were succeeded by vertigo and cephalalgia.

Swooning, complete or incomplete, was noted in about a fifth of the cases; viz., seven times.

Disturbed vision was noted in six of the thirty-three cases. This consisted in double vision or in the presence of flocculi, of *muscæ volitantes*, and of luminous flashes. One patient is mentioned as having had periodical blindness.

Buzzing in the ears is only mentioned as having occurred in three of the cases.

A pricking or gnawing sensation at the epigastrium existed in fourteen of the thirty-three patients. The symptoms now enumerated rarely existed singly in one patient, and two or three of them were generally present in the same individual.

Whenever one or more of the above symptoms are observed and no other explanation can be given, an investigation should be made to determine whether they may not depend upon tape-worm. If the physician discover that the patient have a gnawing at the stomach, capricious, or insatiable appetite, abdominal pain, a feeling of general prostration, or itching at the entrance of the nostrils or anus, there can be little doubt of the presence of the parasite. M. Legendre believes that the best time for giving vermifuge is when the symptoms are most urgent, or when some parts have been spontaneously voided. He says that Wawruch, of Vienna, in an analysis of two hundred and six cases, attributes such occurrences to lunar influence; asserting that they occur most frequently at the full moon, or during its decline, and that it is, likewise, at these times that the patient suffers from an exacerbation of the symptoms. It was not till M. Legendre had finished his researches that he became acquainted with the analysis of M. Wawruch's paper, published several years ago, and which, from its value, we subjoin.—*London Journ. Med.* Nov. 1850.

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Wawruch on the Causes and Symptoms of Tape-worm.—The following is an extract from an abstract, contained in the *Gazette Médicale* for 2d October, 1841, of a paper published by Professor Wawruch in the *Medicinische Jahrbucher der Œsterreichischen Staaten*:

During the period of twenty years, Dr. Wawruch treated 206 persons affected with tænia; 71 men, and 135 women. The oldest person was aged fifty-four; the youngest, three and a half years. Twenty-two were under fifteen years of age; and among these were six girls who had not menstruated. Most of the patients were

from fifteen to forty years old. The patients belonged to the middle and lower classes; they nearly all inhabited the district lying along the Danube, or lived in low and damp dwellings. They followed very different occupations, and their mode of life was various. It is remarkable that the same conditions which give rise to scurvy in Vienna also produce tape-worm. The articles of food which seemed chiefly to engender tape-worm were bad bread, meals of milk, butter, cheese, potatoes, pork and mutton, and bad water. The diseases which preceded the formation of tænia were gastric and cutaneous affections, but especially gastric and intermittent fevers. There were observed forty-three cases of intermittent fever, twenty of gastric fever, sixteen of typhoid fever, ten of ringworm and herpes, forty-two of itch, eight of scarlatina, thirteen of measles, and two of chronic urticaria. Scurvy, syphilis, chlorosis, and other diseases which affect digestion, were also observed to precede tænia; but, in general, few of the individuals affected with tape-worm had not had lumbrici when young. The influence of hereditary predisposition is very doubtful. Dr. Wawruch only saw two instances; in one, a mother and daughter, in another, a father and son had tænia. Irregularity of the menstrual function seemed common; thus, thirteen females had only menstruated at the age of 16 years, twelve at 17, nine at 18, seven at 19, and one at 20. The duration of the disease was from a few months to ten, twelve, fifteen, twenty, twenty-five, and, in one case, even to thirty-five years. Of the 206 patients, three only, who were foreigners, had *bothriocephalus;* the others had *tænia solium.*

Symptoms.—The symptoms of tænia are very various; the following are stated by Dr. Wawruch to be the most constant:

1. Dull pain in the frontal region, vertigo, noises in the ears; and, in some a kind of idiosyncrasy for music.

2. Eyes dull, surrounded by a blue ring; œdema of the upper eyelid; pupils dilated; frequent involuntary action of the muscles of the eye; various aberrations of sight, as amblyopia, diplopia, or muscæ volitantes. One patient complained of a periodical blindness during the day.

3. Frequent change in the color of the face; lips lead-

colored; a peculiar look about the mouth and nose; the appearance of general cachexia is not constant, for the patients often preserve a flourishing aspect for some time: many of them say they have become thinner.

4. Anorexia, alternating with such a voracious appetite that the patients faint if they are not supplied quickly enough with food; desire for certain articles, as carrots, milk, wine, bread, etc.

5. Feted breath, clayey taste, loaded tongue, salivation, nausea, and even vomiting of liquid, as clear as water, in the morning.

6. Itching of the nose and anus, and the vagina in females; grinding of the teeth, especially during sleep; accumulation of a clear fluid in the mouth; transient heat, langor, palpitation. The sensation of a cold hand pressing on the heart (considered as a pathognomic symptom by Reinlein) has never been observed.

7. Abdomen tumefied; borborygmi; a sensation of suction, constriction, and pricking, around the umbilicus, and undulatory movements, as of a foreign body in the intestines—especially in the morning; cessation of these symptoms after taking farinacious food hot bread, or *café au lait;* frequently diarrhea, alternating with constipation.

8. When the disease has continued for some time, and the patients are of an irritable temperament, there often arise a train of nervous symptoms, as melancholia, syncope, aberrations of the senses, disturbed sleep, frightful dreams, partial and general convulsions chorea, epilepsy, aphonia, and loss of speech.

9. The most certain pathognomonic symptom is the evacuation of one or more portions of tape-worm, either spontaneously, or after certain severe illnesses—as scarlatina, typhoid fever, pneumonia, etc.; or after the use of certain articles of food, as garlic, horseradish, cucumber, etc.; or after the administration of anthelmintic medicines. The portions are sometimes evacuated at indeterminate periods, but generally at new moon, or at the decrease of the moon; and at these times, also, the other symptoms are increased in severity.—*Lond. Jour. Med.*, Nov. 1850.

Gonorrhœa treated with Acetate of Potash.—Mr. Hilton has endeavored to arrest gonorrhœa without the aid of cubebs, copaiba, or other means usually adopted. The medicine he employs is acetate of potash in half-drachm doses. The following cases are selected to exhibit the results of this simple treatment:—

The first case refers to a man, aged thirty, a tailor by trade, who, when admitted, July 24th, into Samaritan ward, had been affected with a discharge for a week; the urine was very acid, and the scalding intense. The day after admission, Mr. Hilton prescribed half-drachm doses of acetate of potash to be taken three times a-day. Five days afterwards, the scalding was relieved, the urine being still acid; on the thirteenth day the scalding, though decreased in intensity, continued, and the urine remained acid; the acetate was therefore ordered to be taken every fourth hour. On the sixteenth day the scalding was trifling, and the urine acid; on the eighteenth the urine became alkaline; the scalding had disappeared, and the discharge had completely ceased for some days. The patients are always kept in the house a little time after its cessation, for fear of a relapse; and on the twenty-third day the patient was quite well, after having taken the acetate of potash three times a-day for thirteen days, and every four hours for five days.

The second case is that of a laborer, twenty-seven years of age; he had had a gonorrhœal discharge for three weeks when he applied for admission. The treatment began in the same ward (Samaratan), on the 24th of July, as in the preceding case, and the acetate of potash, in an aqueous menstruum, was likewise ordered to be taken three times a-day. The salt is also given with advantage in camphor mixture, and Mr. Hilton often supplies the patients with the acetate in powder, desiring them to dissolve it in water themselves. Here, however, no very material improvement took place for the first fifteen days, when the scalding became less, and the discharge began to diminish in quantity, the urine being acid. Mr. Hilton now ordered the same doses to be taken every fourth hour. On the nineteenth day the scalding continued, the discharge was less, and the urine slightly alkaline. On the twenty-second the urine became again

acid, though the patient was taking the acetate every fourth hour. At this time darrhœa set in, and the patient was precluded from continuing the acetate of potash. On the twenty-eighth day after admission, however, the use of the salt was resumed; it was taken every four hours for eleven days, when the scalding and discharge were entirely subdued. It should, however, be noticed, that even at this period the urine remained somewhat acid.

Mr. Hilton was led to give the acetate of potash a trial in cases of gonorrhœa from the following considerations: The urethra is in this disease in a highly inflammatory state, and the urine very acid; it is clear that the latter fluid in passing over an inflamed surface must tend to irritate it much, and retard the diminution of the inflammation. The acetate of potash, by its tendency to render the urine alkaline, will therefore remove one of the obstacles which lie in the way of the cure. This same salt has likewise most undoubted depurating properties, and its antiphlogistic powers are very remarkable. Its administration, therefore, will have the double advantage of rendering the urine less acid and irritating, and of reducing inflammatory action all through the system, and as a consequence in the urethral mucous membrane.

Mr. Hilton does not deny the modifying properties of copaiba and cubebs, but he considers that the acetate of potash renders great service in those numerous cases where, from many different circumstances, neither copaiba nor cubebs can be taken. He often uses the latter therapeutical agents when the disease has been subdued by the above-named salt; a few doses of copaiba then complete the cure, and are likely to prevent relapse.—*Lancet*, Nov. 1.

The Anthelmintic—Banksia Abyssinica or Kousso.—Mr. Vaughn, Port and Civil Surgeon at Aden, Arabia Felix, in a letter to the editor of the London Lancet, on the character of Kousso, says:

Sir—In the Lancet of September, I observe a most interesting report of the cases treated by "Kousso," from

a clinical lecture delivered by Dr. Budd, on the 31st of May, in King's College Hospital; and as it appears to be a medicine but recently introduced into Europe, and to be hardly attainable there at times, save at a most exorbitant price, I take the liberty of addressing to you the following brief notice of the plant, a sample of which I hope to be able to forward to Dr. Budd, at King's College Hospital, by the next mail, *viá* Southampton.

In the report above alluded to, I observe that the "Kousso" is called the "Brayera Anthelmintica," from Dr. Brayer, who first introduced the use of the plant, or rather made its virtue known in Europe. On referring to Bruce's Travels, vol. vii. Appendix, a minute and accurate description of the medicine is found, as also an engraving of the plant in the volume of Plates. That great and much calumniated traveler calls it, in the testimony of esteem for a friend, "Banksia Abyssinica;" and I submit, with all deference, that as James Bruce was the first traveler who brought the plant into notice, the name given by him ought to be retained.

In the appendix to the second volume of the "Highlands of Ethiopia," by the late lamented Sir W. C. Harris, the following mention is made of the 'Cossoo," by Dr. Kirk, who was a member of the embassy:—

"'Hagenia Abyssinica' (Cossoo') affords, in a cold infusion of the dried flowers and capsules, the famous drasticum purgans and anthelminticum of the Abyssinians. The tree is one of the most picturesque in appearance."—vol. ii. p. 414.

In Southern Arabia, on the sea cost, and along the shores of the Red Sea, it is well known, and considered a most valuable medicine. In the Northern and Southern Abyssinia it is universally used about once a month, the trees being numerous, and the medicine costing hardly anything. At Hurrur, a province bordering on the kingdom of Shoa, it is well known, and used; though the Somali tribes, residing to the eastward, on the N.E. horn of Africa, are unacquainted with its virtuas. Bruce mentions that no Abyssinian will travel without it; and I am informed by my friend Lieutenant Crutterden, Assistant Political Agent at Aden, that such is actually the case, to his knowledge: the few Abyssinians who visit the port of Aden invariably bring with them a supply. The dose

I understand to be a small handful of the flowers mixed with water, in which sometimes tamarinds are infused, the patient, whilst under its effects, keeping far aloof from every one. Its operation is speedy and most effectual.

In a country like Abyssinia, where almost all, if not the entire population are more or less affected with tapeworm, the "Koussso" is a special blessing of Providence, as a medicine within the reach of the poorest shepherd, and infallible in its effects.

On the Influence of Large Doses of Quinine in Neuralgia. By Charles Hogg, Esq., M.R.C.S., &c., Finsbury.—It is just possible that some of your numerous readers may not be aware of the influence of large doses of quinine in neuralgia. If you think the following worthy of a corner in your valuable periodical, it is at your service.

A case of neuralgia of a very aggravated character occurred in my own family in the present year, and which yielded, in a most marked manner, to large doses of quinine. My experience leads me to conclude, that in doses of ten grains and upwards, this valuable medicine acts as sedative to the vascular, but highly excitant to the nervous system, as will be seen in the progress of the case. I may here add, that in numerous cases of ague I have found large doses of quinine arrest the progress of that distressing disease. My plan has generally been, to clear out the alimentary canal, by giving two or three grains of calomel, five to eight of compound extract of colocynth, followed by a saline draught; and during the interval of the cold stage, to give the following draught every six hours:—Sulphate of quinine, ten grs.; dilute sulphuric acid, ten minims; distilled water, one ounce: mix: I have seldom had occasion to give more than two doses.

Neuralgia.—My patient is twenty-five years of age, and had been for some time back complaining of debility, owing in my opinion, to her suckling and want of rest. She caught a severe cold about Christmas last, which

terminated in a violent attack of toothache, resisting every measure I could think of. A few hours' remission followed the extraction of the dens sapientia and free scarification of the gums. The pain now assumed a different character, and was marked by a violent, stabbing, plunging pain, beginning at the left angle of the under jaw, running along the ramus, and upwards in the course of the facial nerve; at other times the pain would be fixed behind the ear, again in the temple, &c., and increased (and even brought on) by the slightest touch of the skin or current of air. An attack would sometimes come on like an electric shock, preceded occasionally by a peculiar twitching of the muscles of the affected side of the face. The loss of sleep and the violence of the pain had disordered the secretions generally. The digestive functions were restored by a pill, composed of two grains of blue-pill, and five of compound extract of colocynth; and a draught, composed of extract of taraxacum, sulphate of magnesia, and tincture of ginger, continued for a few days. I endeavored to procure sleep by Dover's powder, acetate of morphia, hyoscyamus, &c., but without success. A slight mitigation of the symptoms were produced by a draught, ordered by my friend Mr. Gay, composed of sulphate of iron, two grains; muriate of morphia, one-sixth of a grain; extract of Cannabis Indica, one-twelfth of a grain; it could not be continued, as it seemed to disagree with the child. I had before this prescribed carbonate, sulphate, and citrate of iron, but without avail. I then determined to try the quinine in large doses. She took a draught as follows:—Quinine, ten grains; dilute sulphuric acid, ten minims; distilled water, one ounce. This was followed by distinct remission of the pain, but left a high degree of erethism, a distressing irritability of the acoustic and optic nerve of the affected side, with slight vertigo. Before proceeding further, I obtained the sanction of my friend Dr. Elliotson, who advised the medicine to be continued every sixth hour,—the first dose, ten grains; the next, twelve; and the third, fifteen. After the third dose—that is, the twelve grains, as she had taken two of ten grains—she was completely deaf, particularly on the left side, but had no return of the pain. Generous diet completed the cure. During

the last month there has been a slight tendency to a return, which, however, has invariably yielded to two draughts of five grains each. No argument would induce my patient to give up nursing.—*London Lancet.*

On a Death from Heart-disease occurring in a swimming bath. By Wm. James Jones, Esq., M.R.C.S., London.—Having for many years taken great interest in the art of swimming, and having also, as chairman of a long-established swimming club, had great opportunities of observing the effects produced upon the system by the healthful habit of tepid bathing, I am induced to forward you the results of an autopsy on the body of a gentleman, who, without apparent previous illness, died suddenly whilst bathing in the Holborn baths. I consider that by so doing I shall remove, in some measure, the prejudice connected with this most useful and necessary art, and at the same time offer an explanation of the very many sudden deaths occurring to able swimmers in the water, wherein the loss of life has been erroneously attributed to cramp, exhaustion, &c., when, in reality, sudden death would have occurred, and does occur, under other circumstances, where any great muscular exertion is used by patients laboring under organic disease of the heart, lungs, or brain, more particularly of the heart.

On the 28th of last August I was hastily summoned to the Holborn baths, the messenger informing me that a gentleman was drowned there. On reaching the patient, I found a young man, about twenty years of age, in a warm bath, and whilst endeavoring to glean some particulars of the accident, I made use of the usual method adopted for the resuscitation of the drowned. These means were put in force for half an hour, during which period I felt convinced, from the testimony of the bystanders, that the sufferer could not have been submerged more than half a minute. That such an accident should occur to an able swimmer I thought improbable, and conceiving that death was produced from asphyxia, from cerebral congestion, through partial intoxication, or a full stomach, I opened the jugular vein, from which flowed a small quantity of black blood. All subsequent attempts

to restore by artificial respiration, friction, &c., proving fruitless, the deceased was, on the following day, examined by me, under an order from Mr. H. M. Wakley, the deputy-coroner for Middlesex.

I may observe that the deceased plunged into the water from a height of four feet, that he dived about twelve yards, that he subsequently swam twenty, and then was seen to sink like a stone to the bottom of the bath.

Autopsy.—The body externally presented nothing peculiar; was tolerably fat, well-formed, with the neck somewhat shorter than usual. There was a band of tape round the left leg, which was said to have been applied by the deceased in consequence of a varicose vein having bled sometime previously. There was cataract of the right eye, which I subsequently learned was congenital. The pupil of the left eye not much dilated, and the face of a purplish color. On opening the chest and abdomen, I was struck by the unusually distended state of the stomach and flatus, which pressed with great force against the diaphragm, and must materially have prevented its descent in inspiration. It at the same time contained a large quantity of half-digested food, and *no water;* it was healthy. The lungs were healthy, and not at all congested; that of the left side was attached to the costal pleura by very many strong adhesions; they contained no water, and the trachea, bronchi, and air-cells held but very little frothy mucus. The pericardium was firmly attached to the heart by a succession of adhesions as to present what the older pathologists considered a congenital absence of this bag, the pericardial cavity being completely obliterated, and the membrane itself so adherent as to be removed with difficulty without a scalpel. The heart was tightly bound down by its covering, both its cavities being full of black unoxygenated blood in a liquid state; the right auricle was greatly dilated, so as to represent a perfect aneurism of that organ. The brain was healthy, and did not present any congested condition, except in the meningeal veins; there was some fluid in the lateral ventricles, but not much.

With these appearances there could be no question as to the cause of death, in the absence of the usual signs of suffocation; and the case is remarkable, inasmuch as

it shows the possibility of the existence of very extensive lesions, both of the heart and its coverings, without the suspicion of any disease at all existing in the minds either of patient or friends during life. Such an attachment of the pericardium to the heart could be but the result of frequent attacks of pericarditis, and it would appear, from the testimony of deceased's father, that his son had on one occasion only complained of slight pain in the chest, which did not prevent him from following his usual avocation, and that, in fact, he never had a day's illness in his life. I may observe that his father had been educated for the medical profession, and was a very intelligent, well-informed man.

A gentleman who saw him before he bathed, and who was both a barrister and surgeon, noticed the peculiar color of his face, which he compared to that of blotting-paper.

The beautiful attempt of Nature to make up for the restricted condition of the heart, by a dilatation of the right auricle, may, perhaps, explain the slight inconvenience felt from so extraordinary a state of its bag; and in a medico-legal point of view, various interesting questions might be suggested under such peculiar circumstances.—*Ibid.*

Citrate of Caffeine in Hemicrania.—Dr. Hannon advocates very strenuously the use of the above salt in hemicrania. We find in the *Presse Médicale*, of Brussels, two long articles on the subject, with some cases and a good description of the caffeine and its preparation. It is to be given in doses, varying from 5 grains to 1 drachm; and the author has added formulæ for administering the citrate in the shape of pills, draught, syrup, lozenges, &c.—*Ibid.*

Success of the Kousso in the expulsion of Tape Worm.

To the Editor of the Lancet.

Sir—I have much pleasure in forwarding for the Lancet the particulars of a successful trial of the kousso.

Mr. B——, residing in Cheapside, a delicate looking

young man, had been troubled with tænia for some years, and had taken the usual remedy, turpentine, with partial success, having at times seen parts of the worm only. I obtained a bottle of kousso from my druggist, which my patient took on Sunday morning, the 15th; after waiting two hours, with the aid of Seidlitz powder, the monster was expelled, *téte et col* complete, measuring twenty-one feet. I need not add that my patient was highly delighted at the good effects of the kousso, and has presented me with the largest specimen of a tape worm I have ever seen.

I am, Sir, your obedient servant,

THOMAS SMITH.

Anatomical Lucubrations at the Cape of Good Hope.—A writer in the African Journal, a periodical published at Cape Town, after quoting at full length a humorous extract from a recent number of the Lancet, in which a race of "men with tails" were *said* to have been discovered in Central Africa, reasons on the subject in such a guise that it is difficulty to discover whether he is in jest or in earnest. He says:

"The public do not know, as medical men and anatomists do, that every man and woman is born with and has a tail, composed of the five, six, or seven, fixed false vertebræ of the sacrum, and of the two, three, four, or five loose ones of the coccyx at its end, (in different individuals,) all of which, however, *in common men and women*, are covered by flesh and skin, and hidden;—so that it is *not at all impossible* that there may be a variety of men, even in Central Africa, forming a tribe, who all have a few more supplementary external joints to the os coccygis than are usual; in which case they would project, necessarily, beyond the skin, and form a pendulous and exterior tail; either short, as in the Manx cats, in rabbits, hares, or deer, or longer, as horses, dogs, monkeys, etc.; for *when once one child with this variety happened to have been born*, we know that the deformity would be perpetuated in a race like all the other varieties of men, as black, or colored, etc., or as in families with six toes, or six fingers, or two toes uni-

ted, or fingers, or toes webbed;—or, as among swine in the solid-footed pigs of South America, &c."—He also copies a paragraph from another number of our journal, in which an improvement upon the foregoing configuration was instanced—an eye being implanted at the end of the tail. The learned writer thinks that one at the end of the forefinger would be better—at any rate for midwifery practitioners. He adds, however, "It will be a long time, *we fear*, before mothers know beforehand which of their sons will be surgeons and M.D.'s, and that, by strong imagination, these sons will in consequence be born with eyes in their fingers. . . . After all, (he avers,) the two stories have a good moral, even if not true; *but it is certainly fully within the bounds of rational probability*, that both are true." The force of faith could certainly no further go!

Practical illustrations of the Remedial Efficacy of a very low or Anæsthetic Temperature.—1. In Cancer. By James Arnott, M. D., Physician to the Brighton Dispensary.—Having already given an account of the antiphlogistic and anodyne properties of a very low or benumbing temperature in the treatment of erysipelas, headache, and other cutaneous and neuralgic affections, as well as of its utility as an anæsthetic, in many surgical operations, in lieu of the inhalation of ether or chloroform, I proceed, on the present occasion, to lay before the profession some details respecting other important applications of the same valuable therapeutical agent. I shall show, in the first place, by a report of a case of cancer treated by an anæsthetic temperature or congelation, that it furnishes us with a perfect means of relieving the pain of that dreadful disease, without producing the stupefaction and disturbance of the system that attends the use of narcotics; and that, instead of precipitating the unfortunate patient's fate, like these, congelation, by arresting the accompanying inflammation, and perhaps destroying the vitality of the "cancer cell," is not only calculated to prolong life for a great period, but may, not improbably, in the early stage of the disease, exert a curative action.

If it be objected that the case to be reported is insufficient evidence of this property of congelation, I would reply, that the unequivocal, immediate, and long-enduring relief from suffering which it shows to have been effected by each of numerous applications, during a period of eight months, together with the restoration of the patient's general health, in consequence of the arrest of the local disease, leave no doubt on this point, and render a single case hardly less satisfactory than a multitude would be. Nay, one such application of the remedy as has been recently made in the Middlesex Hospital, by which long-continued and severe pain was immediately and completely relieved, for a period of fourteen days, (which period had elapsed without any recurrence of pain when I last saw the patient,) would almost be sufficient evidence; corroborated, as such a fact is, by the equally striking effects of the same remedy in other painful diseases.

As the subject will probably, be entirely new to many readers of this paper, it may be proper to give a brief account of the agent whose effects in cancer it is its purpose to describe. The very low or anæsthetic temperature that is used remedially as a local application to inflamed or painful parts, is produced by what are termed frigorific mixtures, or combinations of pounded ice and various salts, which, in dissolving, reduce the temperature below the degree of zero of Fahrenheit's thermometer, or more than thirty degrees lower than any temperature hitherto employed in medicine. The application of such a mixture to the skin, or mucous membrane, causes little sensation of any kind, as the part soon becomes benumbed, and the slight tingling or smarting produced (which is seldom so great as to be complained of by the patient,) is more allied to the sensation of heat than of cold. If the frigorific differs from cold water or ice in the sensations it produces, it differs from them still more in its physiological and remedial effects. There is in fact, no greater resemblance between the effects of different low degrees than there is between different high degrees of temperature;—as, for example, between the soothing heat of fomentations, and the scalding heat that is occasionally resorted to as a powerful stimulant, or the still

higher degree which, when communicated by an iron, is often used as an escharotic.

In investigating the pretensions of a new remedy, we require evidence, not only of its power of palliation or cure, but of its general safety. Large and repeated doses of opium or morphia, or copious bleedings unquestionably alleviate the pain from cancer, but it is well known from their effects in this, as well as in other diseases, that they as certainly prove injurious to the patient's constitution, or shorten his life. Now, there is no deficiency of evidence respecting the safety of the remedy which I have to propose as their substitute. Congelation has already been employed, thousands of times, in other inflammatory and painful diseases, without the slightest injury on any one occasion. The prejudice against this remedy on account of its having hitherto been only known in its uncontrolled agency, or as a cause of disease, was not extraordinary, as a similar prejudice has existed against many other powerful agents, which, before they were employed medicinally, had only been known as noxious to the animal economy. Dr. Paris adverts, in severe terms, to this prejudice in his account of the opposition from it to the medical use of prussic acid, saying that it would be just as reasonable to object to the use of the knife in surgery because when uncontrolled and unguided by the head and hand of the operator, it is capable of doing deadly injury. To condemn medical congelation because the vitality of exposed parts of the body has been lost by long exposure to severe cold, would be as absurd as to condemn medical electricity because persons have been killed by lightning. Nor is another theoretical objection better founded, that reaction must be the consequence of minor degrees of congelation. Instead of reaction following remedial congelation, there is the very opposite condition, insomuch that parts cut in operations after anæsthesia and congelation have been produced by a low temperature, have invariably healed more quickly than under ordinary circumstances. The vessels of the part appear to be rendered incapable, for a long period, of assuming such a degree of morbid excitement as would materially interfere with the healing process.

I cannot perhaps, more forcibly illustrate the safety

with which congelation may be used in medicine, than by stating that, very lately, two young ladies, resident in London, were, after having been for some time under my care, themselves employing it—one, every other day, for suppressing the nascent pustules of an acnoid eruption on the face; the other to remove a nævus from the same locality. Were there any danger of the skin receiving the slightest blemish from regulated congelation, I should not thus have left its application to so conspicuous a part in their own hands.

But after the removal of the prejudices and misunderstandings just adverted to, another question is sure to occur to the practitioner: granting the utility and safety of this new antiphlogistic and anodyne remedy, what advantage does it possess over the numerous expedients for the removal of inflammation and pain which we already possess, that will compensate for the trouble of applying it, and of learning to apply it properly?

In the first place, it will cure diseases and relieve pains that cannot be cured or relieved by any other known means; and where the same effect may be produced by other means, it is not produced so rapidly. Both as an antiphlogistic and as an anodyne, congelation is much more powerful as respects many diseases than any agent, or combination of agents, possessing similar qualities hitherto employed in their treatment, and which, on that account, have often proved ineffectual. A very low temperature will arrest every inflammation which is near enough to the surface to be accessible to its influence, and totally and permanently remove irritation from the nerves which it can reach.

In the second place, congelation is a safer remedy than most of those which are usually employed for the same purpose. Bleeding often impairs or prostrates the reparative powers; both antimony and mercury occasionally act as poisons; opium stupifies and excites; and events have shown that, as anæsthetics in surgical operations, ether and chloroform are not altogether without danger. Not once, in upwards of two thousand applications which have now been made of it, has congelation caused the least injury.

Other advantages of congelation might be mentioned, but these of its greater certainty, promptitude and safe-

ty, must suffice. Cases are every day happening where life is endangered or lost by inflammation that cannot be subdued by bleeding or the ordinary measures without incurring greater hazard from the debility which they occasion, or other injurious effects; and cases of suffering, to which, from some constitutional peculiarity, the ordinary anodynes are inapplicable. That a great desideratum existed here, was strongly evinced by the recent deplorable case of a much lamented statesman, who died from injuries causing inflammation and intense pain. The medical art has never appeared to greater disadvantage than on that melancholy occasion. The inefficient measures resorted to, only showed the indications which the medical attendants were anxious to fulfil, but which, it would seem, they were unwilling to attempt fulfilling by the means in common use. What appeared to be wanting were, an antiphlogistic remedy that would not debilitate, and an anodyne that would not excite.

"The most dreadful disease to which the human frame is liable, is carcinoma; and, perhaps, of all organs affected by it, uterine cancer is the most painful. This is indeed a horrible disease; the patient's sufferings are aggravated by the knowledge that her complaint is incurable, and she languishes under the double torment of excruciating agony and despair. In the treatment of no disease is the medical man's duty so distressing as that of cancer—to witness the increasing sufferings of his patient day after day—to hear at each succeeding visit the same unvarying statement of pain and misery, while he knows too well how poor and inadequate are the resources of his art—while he is sensible that his utmost power will not avail him beyond blunting, by stupefying remedies, the acuteness of bodily anguish, even if he attains that fortunate and desirable advantage—is a task that calls forth the tenderest sympathy which his nature is capable of experiencing."

This graphic description (from Dr. Ramsbotham's lectures on Midwifery,) of the sufferings from cancer of the womb, will, as being very applicable to the case about to be reported, supply the place of a minute detail of symptoms. Only the more essential points will be noticed.

M. R.—— was admitted a patient at the Brighton Dispensary, on the 25th July, 1849. She is of short stature,

thin, of sallow complexion, and about forty-two years of age. She had been lately in St. Thomas's Hospital on account of the same disease for which she now sought assistance; and had complained about eighteen months previously to her entering the hospital.

Her principal symptoms were frequent and severe paroxysms of pain, chiefly in the back and hips; a profuse and most offensive discharge, and occasional hæmorrhage from the vagina; and derangement of the digestive organs. On examination, the neck of the womb was found hard and ulcerated.

For six months the usual palliative treatment was pursued, viz: the exhibition of the preparations of opium and the application of leeches. She complained that the opium made her constantly drowsy and unfit for her occupation as a needlewoman: and the pain was, notwithstanding its use, occasionally so severe as to oblige her to rise from bed and roll on the floor of her room.

In January, I determined upon a trial of congelation, having previously made another careful examination of the uterus. The disease had by this time considerably extended; the neck of the womb was now completely destroyed, and there were several warty excrescences in the upper part of the vagina. Congelation was effected by means of a frigorific mixture of two parts of finely-pounded ice and one part of chloride of sodium, introduced through a wide speculum of gutta percha, having the lower part of its upper opening of a cup-like form; and in order that the temperature might be maintained at the requisite low degree, or below zero of Fahrenheit, the dissolved ice was continuously drawn off by a syphon of peculiar construction. This peculiarity principally consists in a large two-necked bottle being connected with, or constituting part of, the long arm of the syphon; and the purpose of it is, that a stream of water may continue to flow along this part of the syphon, and keep up the suction of its upper extremity, notwithstanding any interruption in the supply. A tube of vulcanized india-rubber forms the remaining part of the syphon, with a small glass tube where it enters the speculum, in order that the rising column of liquid may be seen and regulated by a stop-cock.

The success of this application exceeded my expecta-

tion. So soon as I had learned to apply the frigorific properly, I was able to give immediate and entire relief, and this has generally continued complete for about a week. The discharge was soon diminished, and became much less offensive, and the tendency to hemorrhage ceased. From twenty to thirty applications of the frigorific have now been made, and scarcely any other remedy has been used No advance of the disease appears, on examination, to have taken place, and in other respects there is decided improvement. The patient is not so thin; her appetite is tolerably good; she is stronger, and able to occupy herself in the usual household affairs.

She is directed to call whenever the pain returns. The speculum is generally introduced by herself while in the supine position, and she covers her extremities with a sheet before I enter the apartment. The nates are raised, in order that the speculum may be sufficiently upright to contain enough of the frigorific, which has usually been kept applied for a period varying from a quarter to half an hour. There is a slight sensation of smarting produced for a minute or two, and the pain from the disease has generally ceased within the first five minutes. If the womb be now inspected by removing the frigorific from the speculum, the greater part of its visible surface will be found perfectly white and hard. The application is terminated by allowing about a quart of cold water to run rapidly through the speculum and syphon for the purpose of gradually restoring the natural temperature, and washing away any remaing salt.—*London Lancet.*

BIBLIOGRAPHICAL NOTICES.

Report of the Eighth General Meeting of the Sydenham Society, held at the Society's rooms, on Wednesday, May 1st, 1850. Sir James Clark, Bart. M. D., F. R. S., President of the Society, in the chair. London: C. & J. Adlard.

We have repeatedly urged upon the readers of this Journal the importance of the ancient literature of the medical profession, and we have on several occasions given illustrations of the value of that literature by extracts from it. Those who may plunge deeply into it, will find rich pearls in its quiet depths, and they will learn to place a proper estimate upon those lapidaries, who, under pretence of having found new gems, make no ordinary stir in the world, when, in truth, they have merely cut off a brilliant from its parent stock. There is a healthy, vigorous stream of common sense, a rich vein of fruitful experience, pervading the works of the old masters, that should not be slighted by any one who wishes to stand fair in what may be read in the medical profession. The hardy pearl-diver finds rich gems occasionally in the most frequented spots, and may grow rich by diligent search of neglected places. Even Cuvier, rich in the lore of the past, undertook certain anatomical investigations under the firm persuasion that he was the first in the path, until he looked into the works of Aristotle, and found that he had been completely anticipated by the acute, and universally learned Stagirite, and if Cuvier could receive instruction from Aristotle, it is not impossible but that

some of us might stumble on something useful in the works of Hippocrates and Paulus Ægineta. It is improving to look into their works, at least to find out what they knew; to see how far they advanced the healing art with their imperfect means, and how far their methods of observation and of accumulating experience may be trusted now. There is no luxuriance of merit in a flippant ignorance of their teachings.

About eight years since, a number of Medical gentlemen in England, who were imbued with a just appreciation of the value of the labors of some of the ancient cultivators of medical science, united themselves as a Society, which they properly called the Sydenham Society. Their object was not only to rescue the venerable oracles of ancient times from oblivion, but to do it in such a way as to make them accessible to the medical public. Thus far the labors of this Society have been eminently serviceable, and deserve encouragement. The object of the Sydenham Society is to "meet certain acknowledged deficiencies in existing means for diffusing medical literature, which are not likely to be supplied by the efforts of individuals." The Society's publications have been distributed among 2,543 members of the profession. Those who have been members from the beginning of the Society have now received for their seven annual subscriptions of £1 1s, twenty-three 8 vo. volumes, published in excellent style, comprising 11,000 very full pages of letter-press, and twenty-six illustrative plates. "The ordinary publishing price of the Sydenham Society's works would probably be about £16 or £17."

The literary objects of the Sydenham Society are comprised under the following heads:—I. Reprints of standard English works—such as those of Sydenham, Harvey, and Hewson. II. Miscellaneous Selections from the ancient and from the earlier modern Authors, such as "Observations on Aneurism," "Memoirs of the French

Academy of Surgery," and "Essays on Diseases peculiar to women," works which were inaccessible to the body of the profession. III. Translations of the Greek and Latin medical authors, and of works in the Arabic and other eastern tongues"—such as "seven books of Paulus Ægineta," "The genuine works of Hippocrates," and the "Treatise of Rhazes on the small pox." IV. Translations of recent Foreign Works of merit." This department of publication, by the Sydenham Society, has been more voluminous than any other, and the works are very valuable.

Another important object of the Society is the publication of "original works of merit, which might prove valuable as books of reference, but which would not otherwise be published, from the slender chance of their meeting with a remunerative sale, such as Bibliographical, alphabetical and digested indices to voluminous periodical publications. Of the great value of works of this kind, there can be no kind of doubt, and we have recently understood that the Sydenham Society has secured several valuable manuscripts of the kind referred to. The intention of the Society is to make a Medical Bibliography, which "will not be a mere dry catalogue of books; but, whilst indicating every source whence information on any branch of medical knowledge may be obtained, it will give such historical and biographical notices, as will make the work of interest and value even to those who may not use it for the ordinary purposes of bibliography. The Council have already secured the means for supplying, in a complete form, the Medical Bibliography of all countries, from the earliest period down to the revival of letters in the sixteenth century, and the entire Medical Bibliography of this country, down to the close of the last century."

Among other works in preparation are "a volume on epidemic Catarrh," "the writings of Unzer and Prochaska on the Nervous system," "a further selection from the

works of Dupuytren," "a volume to comprise the most important writing of the earlier British Physiologists," and "an edition of Hunter's Plates of the Gravid Uterus."

We earnestly wish that physicians throughout this country would encourage the enterprise of the Sydenham Society. There is not a village in the Union that does not contain physicians enough to secure the works of the Society by clubbing. They could easily enter into arrangements for the safe-keeping of the books, and for the proper use of them. And while encouraging the labors of the Sydenham Society, these physicians, far removed from access to large medical libraries, would secure the means of improving themselves in their professional knowledge and skill, and greatly benefit their patients. The cost is too ridiculously small to make an impediment to the success of the scheme. Something should be done to rouse the profession to the importance of reading sound medical literature, for that is the only method we know of for erecting a bulwark against quackery, upon which charlatanism may send its surges in vain. Whenever the entire profession devotes itself assiduously to study; when the public feels confidence in the depth and breadth of professional knowledge, and feels secure that it is up to the mark in all the requirements of science, then, and not till then, can we expect an enlarged and an abiding confidence in professional abilities. It is almost incredible to think of the hours that should be devoted to communion with the excellent minds of the past and present, that are thrown away upon frivolity, or wasted in sleep. It is shocking to think of the perfection of the means for making sluggish brains dull, and of the little care that is manifested for those adornments of the mind that will survive the tomb, and flourish in eternal youth.

We cannot but believe that if physicians were more careful in the cultivation of social intercourse with one another, there would be a greater and more commanding harmony than is often found. There is nothing more destructive of petty jealousies, ill-founded prejudices, and snarling invectives than a free and cheerful interchange of the amenities and comities of life. And there is nothing better calculated to encourage the latter, than improvement at the same fountain-heads of knowledge. There are paltry things in the profession, who do what little flourishing they exhibit, through the general ignorance that prevails, but in the midst of well directed cultivation of the intellect, they would soon stumble upon their native nothingness, and die as the fool dieth. Isaachar is an ass crouching between two burdens,—the desire to be something, and the inability to be; he is indifferent to the crib, and is hopeful of provender.

We pray the attention of the readers of these remarks to the terms of the Sydenham Society. Three or four physicians may easily unite in procuring the works published by the Society. They can agree upon the terms for the common use of the books, which may be placed in the custody of one of the subscribing club as librarian. In this way those physicians may not only do themselves, but the community in which they practice, an incalculable service.

The following works have been already published:

FOR THE FIRST YEAR, 1843–'4.

Hecker's Epidemics of the Middle Ages, one Vol. 8vo, pp. xx, 380.

Louis on Phthisis, one Vol. 8vo, pp. xxxv, 571.

Th. Sydenham Opera Omnia, one Vol. 8vo, pp. xxx, 668.

FOR THE SECOND YEAR, 1844–'5.

The Seven Books of Paulus Ægineta, Vol. I, pp. xxviii, 683.

Observations on Aneurism, one Vol. 8vo, pp. xii, 524.
Simon's Animal Chemistry, Vol. I, 8vo, pp. xx, 360, plate.

FOR THE THIRD YEAR, 1845–'6.

Simon's Animal Chemistry, Vol. II, 8vo, pp. xii, 560, two plates.
Paulus Ægineta, Vol. II, 8vo, pp. xi, 511.
Hasse's Pathology, 8vo, pp. xvi, 400.

FOR THE FOURTH YEAR, 1846–'7.

The Works of W. Hewson, in one Vol. 8vo, pp. lvi, 360, portrait and eight plates.
Dupuytren's Lectures on Diseases and Injuries of Bones, one Vol. 8vo, pp. xvi, 459.
The Works of W. Harvey, M.D., complete in one Vol. 8vo, pp. xcvi, 624.

FOR THE FIFTH YEAR, 1847–'8.

Paulus Ægineta, Vol. III, pp. viii, 653.
Feuchtersleben's Medical Psychology, pp. xx, 362.
Microscopical Researches of Schwann and Schleiden, pp. xx, 268, six plates.
Memoirs of the French Academy of Surgery, pp. x, 293.

FOR THE SIXTH YEAR, 1848–'9.

Rhazes on the Small Pox and Measles, 8vo, pp. viii, 212.
The Genuine Works of Hippocrates, translated from the Greek, Vol. I, 8vo, pp. x, 466.
The Works of Sydenham, translated from the Latin, Vol. I, 8vo, pp. cvi, 276.
Rokitansky's Pathological Anatomy, Vol. II, (the first issued), 8vo, p. 375.

FOR THE SEVENTH YEAR, 1849–'50.

The Genuine Works of Hippocrates, Vol. II, pp. 406.
Essays on the Puerperal Fever, and other Diseases peculiar to Women, 8vo, pp. 552.
The Works of Sydenham, translated from the Latin, Vol. II, pp. 396.

Notice.—New Members may still obtain the 1st, 4th, 5th, and 6th year's works; but of the 2d and 3d year's books none remain. In lieu of the third volume of *Paulus Ægineta*, new members will receive a copy of

some other work, so that on commencing with the fourth or either of the subsequent years, the series of books which they will obtain, will be complete in themselves.

The leading physicians of England are either officers or members of the Sydenham Society, and the publications are made under the advice and superintendance of the ablest minds in Great Britain. Among the officers of the society are local secretaries, through whom a large share of the business is done. The local secretary for the United States is Professor Dunglison, of Philadelphia. Through him, subscribers in this country may obtain their packages by paying him a due share of the carriage of the parcel in which the books are sent.

"Those members who wish their books to be included in any of the parcels to Local Secretaries, are requested to send in their names, with their Christian name in full, and particular address to the various Local Secretaries, who are respectfully requested to forward to the Secretary for London an accurate list of all such names with as little delay as possible."

Among the laws of the Sydenham Society are the following:

"The subscription constituting a member shall be *one guinea;* to be paid in advance on the 25th day of March, annually; for which he shall be entitled to a copy of every work published by the Society for the year for which he subscribes. Any subscriber who shall not have paid his subscription previous to the last of July of the current year, shall not be allowed the privileges of that year's subscription except on the payment of a fine of five shillings; nor shall any one be allowed to join the Society for the current year after that period except on payment of a similar fine.

"The Council shall lay before the members, at each anniversary meeting, a report of their proceedings during the past year, and also an account of the receipts

and expenditures of the Society; and shall further cause to be printed and circulated among the members an abstract of such report and accounts immediately after each anniversary meeting.

"Members shall have the privilege of proposing works for publication, and shall address their propositions to the Council.

"The works of the Society shall be handsomely printed, on a uniform plan, for members only.

25th Law.—"It shall not be competent for book-clubs to subscribe to the Society as members; but it shall be permitted to societies and institutions having *permanent* libraries, to subscribe to the Society in the name of their President, Secretary, or Librarian, or other responsible officer."

In reference to the 25th law, it is obvious that any one of the members of the book club may be chosen as the one in whose name the subscription may be made. We indulge the hope that the laudable enterprize of the Sydenham Society will command the favor and encouragement of a large portion of the medical profession in this country. B.

Researches upon the Necropolis of New Orleans, with brief allusions to its Vital Arithmetic. By Bennet Dowler, M.D., of New Orleans.

We are indebted to the courtesy of Dr. Dowler for a copy of his paper on the Necropolis of New Orleans, in advance of the regular issue of the New Orleans Medical and Surgical Journal, and the pressure of other matter upon this Journal has prevented an earlier acknowledgment of Dr. Dowler's politeness.

The investigation of the vital statistics of a community is one of the most useful and valuable employments of the medical mind, and its proper management requires mental qualifications of a high and peculiar kind. There

are so many circumstances that must necessarily be constantly before the mind, and they are often so intimately blended, and so frequently impenetrate each other, that the powers of analysis are often at fault. Yet they must be separated, each particular portion must have its due bearing, and each series or group, must be restrained within its proper boundary. Even with all the aids that governments sometimes give to the subject of vital statistics, its proper management is one of great difficulty. Even in the midst of the greatest apparent fulness of material, the mind strains after essential points of knowledge that have not yet been attained. The vital statist of one hundred years ago, would have considered himself overburdened with riches, if he had possessed the materials that are now open to the uses of vital statistics, but the statist of the present, constantly finds his subject stretching beyond his materials into the regions of obscurity.

With a full knowledge of all of the inherent difficulties of his subject Dr. Dowler determined to abandon the ordinary paths of investigation, and turned his attention from the figures of the living to the revealments of the city of the dead. It was a bold and original thought, but in the hands of Dr. Dowler it has assumed life, harmony, and strength. The voice of the tomb does not utter, altogether, an uncertain sound upon these subjects; it may speak expressively of the sanitary history of its climate, and should not be neglected, even in the use of other materials of vital statistics.

We have read the paper on the Necrology of New Orleans with a high degree of satisfaction, but it is impossible to make an intelligible abstract of its facts. The various elements of the material are so intimately interwoven that it is impossible to cut any part without disturbing the integrity of the whole. But we think Dr. Dowler amply sustains the fact that New Orleans

has a much higher reputation for sickness than it is fairly entitled to. The following remarks, forming the peroration of Dr. Dowler's article, present his well-sustained conclusions:

"The scope of this paper does not include the special investigation of the climate of New Orleans as it affects immigrants alone. Acclimation is a subject so difficult, so extensive and so important, that it cannot be disposed of in a summary manner. Accurate, popularized information on this subject, is a great desideratum, and might prevent the senseless sacrifice of hundreds of lives, which ignorant, avaricious heads of families make, almost every year, for the hope of gaining dollars. Of the vast number of destitute families who come from high northern latitudes to this city, few comparatively, intend to settle permanently, and few remain beyond the acclimating period. Hence arises a useless waste of life. The acclimated are constantly replaced by the unacclimated. Wave follows wave—epidemic, epidemic. The parent, who, for the mere chance of gain, without intending to become a permanent resident, brings his family from a cold climate to New Orleans, during the hot season, is not guiltless; nor is the writer who would conceal from the immigrant the real dangers of southern acclimation, altogether innocent. The prudent who possess means to command the physical comforts, including the timely aid of doctors and nurses, incur but little danger during an epidemic, and obtain great advantages in their subsequent immunity from epidemic fevers. Accurate knowledge of the climate, is one of the greatest means of obviating its temporary ill effects upon the immigrant, during acclimation, after which, as Shakspere saith,

> "The blessed Gods
> Purge all infection from our air, whilst you
> Do climate here."

The vital perturbations of New Orleans, in modern times, have been unexampled. Its great epidemic, causes the population to vibrate to and fro, with almost the regularity of a pendulum. This, it must be admitted,

is presumptive proof against the healthfulness of the climate for strangers.

"Many circumstances, in no way connected with the salubrity of New Orleans, combine to produce every year, an ebb and flow, in its population. The maturation and transportation of the crops of the great Valley of the Mississippi, the navigable condition of its numerous rivers, the concentration of vessels from sea, and the mildness of the climate from November to July, all conspire to attract a multitude to the city during a portion of the year, only, making New Orleans a grand caravansary, a commercial panorama, a lottery for speculation, as well as a statistical enigma, not to mention the social evils inherent to a transitional, if not a chaotic condition of society. Besides all this, the emigration of the acclimated, repress the progress and paralyzes the energies of the city, vitally, socially, and commercially. Immigration alone, keeps alive the yellow fever, which, but too often, fills the streets with hearses, and blackens the reputation of the city for salubrity.

"A French philosopher declares, that there is always something in the misfortunes of others, which doth not displease us. Without sanctioning this maxim, the people of New Orleans may, nevertheless, comfort themselves with the reflection that they live, on an average, much longer than the citizens of New York, taking the Report of the Board of Health for authority. This same authority, which pronounces London to be "twice as salubrious as New Orleans," shows that during last year, the average age at death, was, with the trifling exception of three months, equal to that of London.

"The Report shows that the mortality of New Orleans from consumption and all other pulmonary diseases is, about half as great as in Philadelphia, New York, Havana, Baltimore, and Charleston; sometimes much less, and sometimes a little more than this ratio: thus, omitting fractions, in every 100 deaths in the two cities first named, 28 die of these diseases, while in New Orleans, the proportion is only 13; and, for consumption alone, only 9; being not half as great as in Havana, where it is 19. This statement, in connection with another from the same source, showing that the average life of New Orleans is much longer than in the northern

cities, proves that the former, will compare with the latter, most favorably, as it regards salubrity and long life. This favorable comparison will become more apparent, as soon as the sociological equilibrium shall be duly established between the dynamical and statical elements of the population of New Orleans."

Dr. Dowler has performed a very acceptable service by the investigations in the Necropolis of New Orleans, of which we speak, and we hope that he will find time for the prosecution of inquiries upon the kindred themes to which he refers in the admirable paper before us. They are of the highest importance to the philosophy of medicine, and it would afford us sincere pleasure to record Dr. Dowler's triumphs over the difficulties of those subjects. B.

RETROSPECT

OF

AMERICAN MEDICAL INTELLIGENCE.

The Speculum Uteri.—The New York Journal of Medicine, for January, 1851, contains an excellent paper from the pen of Professor Gilman on the use of the speculum uteri, in the investigation of uterine diseases. It is not a little singular that such men as Drs. Lee, Ashwell, Tyler Smith, and Marshall Hall have arrayed themselves against the progress of their profession. Of the invaluable character of the speculum in the diagnosis of female diseases, none who have paid any attention to its practice can entertain any doubt, and we feel pleased with the manly stand that Dr. Gilman has taken on the subject. He sustains himself very admirably, and deserves the thanks of the profession for the clear and convincing views he has given upon the use of the speculum. The following are the closing remarks of Dr. Gilman:

"Dr. Bennett, Dr. Locock, Dr. Murphy, the hundreds, might I not say thousands of practitioners who, in Great Britain, on the continent of Europe, and this country, a part of whose daily business it is to see, and treat, *and cure* these ulcerations, are laboring under some strange hallucination, for to this we are driven—there is no room for mistake. I see a case of chronic leucorrhea; the patient is incapable of exertion, her health is broken, her spirits depressed to the lowest point, for she has been

for years under treatment—has tried tonics without number, and washes without end, and all to no effect; I use the speculum. I *think* I see the cervix large, red, and on either lip I *imagine* that I see an ulcer. Under the influence of this idea—supposing, nay, so far has the delusion gone with me, verily believing that there is an ulcer—I apply nitrate of silver; I cauterize this *supposed* ulcer. I do this again and again; my patient gradually improves in health—is convalescent—is well. She returns to her home, a happy, useful wife; and in a year or two I get a letter, full of gratitude and happiness—the long barren wife is a mother. Now is this case—and, like many others who devote special attention to diseases of the uterus, *and use the speculum*, my experience will supply many such—is this case a mere delusion? Have I dreamed that I saw this ulcer—that, after repeated cauterizations, I saw it growing less and less, till nothing but sound mucous membrane appeared? Have I dreamed all this? Must I, at the dictum of Dr. Lee, or Dr. Ashwell, or Dr. any-body-else, give up my own observation, my own experience? And why? Because they will not look, and do not see. But there are great moral considerations, and Dr. Ashwell says he should feel tempted to give up the treatment of the diseases of women altogether, if the speculum continued to be used as it has been. And shall I follow his example? shall I give up the instrument that has enabled me to restore scores of women to health and happiness, because it is indelicate? Well may Dr. Locock say that the talk about the indelicacy of the use of the speculum was all nonsense. Nonsense it is—poor, paltry, but yet mischievous, most mischievous nonsense; and, for myself, I believe that all this talk about treating the use of the speculum is little better, and most of that about its abuse is very much worse. The attempt to cast reproaches on honorable men for well-intended efforts to advance our science and improve our means of curing disease, because those attempts involve personal exposure, is much more likely to have its origin in professional jealousy than in moral principle."

Tetanus with recovery.—Dr. Lente, resident Surgeon of the New York Hospital, reports in the New York Journal of Medicine, a very interesting case of tetanus, after a compound fracture of the metacarpus. The tetanus continued for fifty-three days, and was managed with laudanum, antimonial tartar, ether, by inhalation, enemata of assafetida, tobacco cataplasms, croton oil, morphine, etc. The patient recovered, and was discharged, on the fifty-third day, cured.

Hydrocele.—Dr. Lente also reports a case of hydrocele, from the tumor of which forty-two ounces of water were drawn off in the first operation. Dr. Post has removed three quarts of fluid at one time.

Notwithstanding the size of the tumor, in Dr. Lente's case, he resorted to the injection of tinct. iodine one part, water three parts, with beneficial results.

Ascites.—Dr. T. D. Lee, of New York, reports, in the New York Journal of Medicine, a case of ascites, in which the operation of Paracentesis Abdominis was performed thirty-nine times, and one hundred and forty-one gallons of water were removed. The patient died on the 3d of July, 1850.

Dr. Davis's History of Medicine.—Our confrère of the New York Journal of Medicine gives Dr. Davis a severe castigation for the work dignified with the title of History of Medicine. We think the profession geneally will coincide with the sentiments of the reviewer; Dr. Davis's History of Medicine is neither a work of information nor of accuracy. Instead of being a history of American Medical Institutions, it is a gross caricature of the sub-

ject. It proclaims deficiency where none exists, and assails the profession in a style that is neither truthful nor useful. The man who rises from the perusal of Dr. Davis's History, under the impression that he has read the details of American medical history, will make as great a mistake as he would in supposing he had read the history of America, in reading Paulding's History of John Bull and Brother Jonathan.

The united efforts of medical men should be directed to the elevation of professional excellence, an object not likely to be promoted by such works as the one which Dr. Davis courteously calls a "History of Medical Education and Institutions in the United States."

Chloroform an Antiseptic.—M. Augend, of Constantinople, has transmitted to the Academy of Sciences, Paris, the following experiment with chloroform:

"Take three wide-mouthed flasks, the first containing a few drops of ether, the second a few drops of chloroform, the third left empty. If in each of these a piece of beef be placed, and the flasks be closed and left undisturbed in the summer season, the following circumstances will be observed:—The meat, which was of a reddish brown color in its natural state, changed instantly to a vermilion-red in the mixture of chloroform and air, while in the ether vapor no change occurred. At the end of a week the difference was greater still; the meat in the flask containing atmospheric air was but little changed in its aspect; that in chloroform had acquired the appearance of boiled meat. On opening the flasks it was found that the meat, both in the atmospheric air and in the ether vapor, was putrefied, and emitted a most offensive odor; while that in the mixture of chloroform and air had the sweetish taste and odor of chloroform.

"M. Augend has ascertained that 1.200th of chloroform completely prevents the putrefaction of fresh meat.

The most apparent action of the chloroform is the rapidity with which it traverses the thickest tissues, and causes an immediate contraction of their parenchyma, with consequent exudation of the fluids of the structure experimented upon. The author further dwelt upon the value, in a medico-legal point of view, that chloroform thus possesses in arresting putrefaction."

Admitting the full truth of these statements, we see no special gain to the profession in the facts. We have in arsenic and corrosive sublimate all the requisites for antiseptic purposes that are needed, for no one will pretend that chloroform is superior to these agents, and they are much cheaper.

On the Use of Therapeutic Agents in relieving Rigidity of the Os and Cervix Uteri.—Dr. Archibald Hall, in the British American Medical and Physical Journal, makes the following remarks:

"Therapeutic agents are of value exactly in accordance with the effects which, under peculiar circumstances, they are capable producing. This I apprehend to be an axiom in medicine, and by which the relative value of medicinal agents may be accurately measured. I propose now to examine these several modes of treatment, keeping the above axiom in view.

"1. With regard to venesection. This seems to be the established rule of practice, and is sanctioned by every author of note. Bleeding, in its influence upon the system, is one of the most certain and powerful sedatives which we possess, and presents strong claims to our consideration, under the peculiar circumstances of the case. To be of any real value, however, it requires to be vigorously practiced, and relaxation will be found rarely to follow, until a large quantity of blood has been abstracted, and syncope is on the point of supervention. There can be no question that the best effects follow its

employment, as far at least as rigidity is concerned. But is this line of practice always expedient? Is it always imperiously demanded? When the os uteri exhibits heat, dryness, and tenderness, such effects being the evidence of existing inflammation, the propriety of the practice cannot be questioned. But before the development of these symptoms, several hours may elapse, during which the effects of irritation alone are apparent as indicated by the mere rigidity. Under these circumstances, bleeding *is not* imperiously demanded, chiefly because it entails an unnecessary withdrawal of blood, inductive of debility, and protracted recovery—thus effecting more than we desire. The practice, however, is recommended and sanctioned by Burns, Dewees, Blundell, Ramsbotham, Chailly, Cazeaux, and a host of others.

"2. The exhibition of opium is not always attended with the advantages which we might, *a priori*, be led to expect from its well known narcotic powers. If exhibited, full doses should be employed; but, as in the case of bleeding, it is liable to effect too much—it may lull the uterine contractions, and thus suspend the labor, which it is generally desirable to expedite.

"3. The local application of belladonna. This was first proposed by Chaussier, who suggested its use in the form of ointment made with cerate, reasoning analogically from the influence of this medicine upon the iris. Dubois subsequently used the extract in its undiluted state. The practice is peculiarly French, and has not been followed to any extent by either British or American accoucheurs. That the application of the belladonna will produce relaxation is admitted on all hands; but the extent of that relaxation cannot be predetermined. It may affect the whole muscular coat of the uterus, and be thus productive of alarming consequences.

"4. Tartar emetic. The prostration and muscular relaxation produced by this agent, almost naturally indicate its employment in cases of the kind we are considering. Nausea having been once established, the rigidity will in a very large majority of cases be found readily to yield. Tartar emetic seems almost to exert a special influence on the cervix, for while the contractions of the fundus and body of the uterus are not interfered with, dilatation of the cervix will be found to proceed rapid-

ly, and this the result of the reëstablishment of the reflex actions existing between the stomach and the uterus, which are apparently suspended.

"The few authors who have advocated the employment of tartar emetic in these cases, have generally prescribed it in doses of one-fourth of a grain repeated every three or four hours, until its influence became apparent by the gradual dilatation of the mouth of the uterus. There is certainly no worse system of midwifery than the meddlesome midwifery; but if, in any case, interference is demanded, whether of a manual or medicinal nature, the object should be a speedy delivery, consistent with the safety of the mother and the child. My own observation has led me to the belief that it may be safely resorted to in much larger doses, and with more prompt relief; and I cannot but view the mode of employing the medicine indicated above, as attended with a very considerable and quite unnecessary sacrifice of time on the part of the accoucheur, and of prolonged suffering on the part of the patient. I, accordingly, prescribed it in one grain doses, repeated every half hour, and I have not as yet found it necessary to exhibit the medicine in such doses more than thrice, relaxation most commonly following the exhibition of the first grain."

Professor Paul F. Eve.—This gentleman terminated his lecture term in the Louisville Medical School on Friday, the 31st January, and started for Georgia on the 1st day of February. The connexion of Professor Eve with the Louisville School has been an eminently satisfactory one, and before his departure for the South, Professor Eve received the most gratifying testimonials from all of his colleagues, the Board of Trustees of the University, and from the medical class, of the high appreciation placed upon his services. Nor was this appreciation confined to the sources named; the practicing portion of the profession in the city, entertain for Prof. Eve those sentiments of respect and esteem which are

commanded only by true merit. He has won a high position in Kentucky, and we earnestly hope he may long continue to retain it. B.

Prof. Silliman.—The friends of the Louisville Medical School will be pleased to learn that Professor Silliman is about to visit Europe, where he will remain until next Autumn. The Trustees of the University, and the colleagues of Professor Silliman have placed at his disposal means for enlarging the teaching facilities of the school, and from what we know of Professor Silliman's intentions we can safely promise a considerable addition to the already ample resources of the school. There are few persons to whom such a trust as this could be confided with an equal measure of confidence in the judiciousness of the expenditure. B.

Auvert's Plates.—Among the recent acquisitions to the surgical department of the Louisville Medical School, we have examined the great work of Auvert, Imperial Surgeon of Russia, with more than ordinary satisfaction. The plates are superior to anything we have ever seen in surgical works, and in order to secure their perfection and keep the selling price within reasonable limits, the Emperor Nicholas contributed 60,000 silver rubles towards the expense of the work. It seems to us that these plates have reached the highest perfection of art; they seem to be the very presentment of the diseased conditions they are intended to pourtray.

One half of this able work has reached this city, and we have enjoyed an unusual degree of pleasure in examining its merits. A careful study of the plates cannot fail to be of great service to students of medicine in

preparing themselves for the practice of their profession, and no one who may fix the features of these plates in his memory can ever regret the labor and time bestowed on their study.

The following is a list of the subjects delineated in these masterly engravings:

Tabula 1.—Os Frontis Meliceride perforatum.
" 2 and 3.—Calvariæ Fractura.
" 3.—Carie Syphilitica Calvariæ basis exesa.
" 4.—Dermatokeras frontis.
" 5.—Polypus sinus frontalis dextri.
" 6.—Elephantiasis dura dextræ — angiectasi integumentorum cranii vicinorum juncta.
" 7.—Elephantiasis integumentorum occipitis.
" 8 and 9.—Fungus hæmatodes oculi dextri.
" 9 and 10.—Fungus Encephaloideus oculi dextri.
" 10 and 11.—Fungus Melanodes oculi sinistri.
" 11—contains three beautiful figures, which are in the very highest style of art.
" 12 and 13.—Canceri palpebræ inferioris sinistræ.
" 14.—Angiectasis apicis nasi—beautifully executed—we speak surgically.
" 15.—Angiectasis genæ sinistræ.
" 16.—Lipoma genæ dextræ concrementis calcariis farctum.
" 17 and 18.—Osteo-sarcoma ingens maxillæ superioris sinistræ and dextræ.
" 19, 20, 21, and 22 represent the preceding cases of disease after operations for the removal of the osteo-sarcoma, and speak favorably of the surgical skill of M. Auvert.
" 23.—Osteo-sarcoma symphisi maxillæ superioris insidens.
" 24—Is an admirable Plate, showing the result of an operation in the preceding case.
" 25 and 26.—The first is a formidable case of osteo-sarcoma of the superior maxillary bone. Second—the same subject after an operation.
" 27.—Ingens tumor cysticus regionis parotidæ sinistræ.
" 28.—Steatoma regionis parotidæ dextræ.

" 29.—Lipoma labii superioris ejusque integumentorum angiectasis.
" 30.—Atresiaoris imperfecta,—a beautiful specimen.
" 31.—Cancer nasii.
" 32, 33, 34, 35, 36.—Specimens of osteo-sarcoma.
" 36, 38, 39.—Osteo-sarcoma ingens maxillæ inferioris.
" 40, 41, 42.—Cancer labii inferioris.
" 43.—Cancer condylomatosus anguli oris dextrii.
" 44.—The same subject after an operation.
" 45.—Cancer labii inferioris ex utroque angulo oris proficiscens.
" 46.—A delineation of the above case after an operation.
" 47.—Cancer labii inferioris utramque ejus commissuram afficiens.
" 48.—A Plate of the preceding case after an operation.
" 49.—Cancer ingens labii cum excidio subjacentis maxillæ inferioris.
" 50.—Steatoma regionis parotidæ dextræ.
" 51.—Ingens lipoma colli.
" 52.—Ingens hygroma cervicis.
" 53.—Aneurisma trunci carotidis sinistræ.
" 54.—Delineates very beautifully and clearly the various stages in the performance of the operation for the preceding case.
" 55.—Aneurisma arteriæ subclaviæ dextræ supra claviculam situm.
" 56.—Surgical anatomy of the preceding regions.
" 57.—Large aneurism, right subclavian, infra claviculam situm.
" 58.—Anatomical description of the preceding operation.
" 59.—Aneurisma subclavian dextræ infra claviculam.
" 60.—Anatomical description of the operation for the preceding case.

We wish it were possible to convey a correct knowledge of the excellence of these Plates, for we feel very certain that wherever their merits are known, there will be a desire to examine and study them. B.

Jarvis's Adjuster.—In the October No. of this Journal, for 1850, we called the attention of medical readers to

the merits of Jarvis's Adjuster, in the reduction of dislocations. The views we then gave of the instrument have been amply confirmed since that time, and, if possible have gained new strength. We have used the Adjuster in two cases of dislocation of the shoulder, and its vast superiority over the pullies, and over all other means of reduction we have seen, was very manifest. In the first of the two cases, we were requested to visit a fracture of the arm, in the night, and we went without the instrument. The case was found to be a severe dislocation of the shoulder, caused by a fall through an open cellar door, the shoulder striking a barrel standing on its end, on the floor of the cellar. There was a great degree of violence done to the soft parts, and the head of the humerus was driven into the axilla. The subject of the injury being some distance from the instrument, reduction was attempted by the aid of a number of men, and for a while eleven men were engaged in extension and counter-extension. But the bone was immoveable. The Adjuster was sent for and applied, and in a short space of time, and with but little suffering on the part of the patient, the reduction was effected. We are confident that the pullies would have required a greater length of time, and would have inflicted more suffering than the Adjuster.

A few days since a large, muscular boatman called at the office of the writer, for the purpose of having a serious dislocation of the shoulder reduced. The bone was driven deep into the axilla, and it had resisted the attempts that had been made at reduction. The subject of this dislocation had suffered with the evils of a former one, and he dreaded the attempt at extension and counter-extension. The Adjuster was applied, and a few circles of the pinion wheel restored the bone to its place with an audible snap, and the patient was so much delighted that he declared that a man with a dislocation